

Robust Review

See how our client utilized Rapid Payer Response™ (RPR) to gain invaluable payer insight and understanding of the acceptability and importance of surrogate end-points for their product... In 3 Weeks not 5 Months!.

RPR is an online platform that allows biopharma and device manufacturers to gain robust, immediate, expert feedback from the most diverse online global payer network – spanning 45 countries in as little as 5 days.

SITUATION

Recently, a client leveraged Rapid Payer Response (RPR) to understand payer evidence requirements for studies in the adjuvant setting in oncology. In our first round of Robust Review we explore general acceptability in the therapeutic area. In the next round of Robust Review we will share how these results from RPR impacted the client's trial design.

METHODOLOGY

What are acceptable surrogate endpoints that can be best modelled to Overall Survival (OS) in the adjuvant setting?

KEY QUESTIONS

- What are acceptable surrogate endpoints that can be best modelled to Overall Survival (OS) in the adjuvant setting?

Elicit payer preference and overall acceptability of most commonly used surrogate endpoints in the adjuvant setting – based on familiarity and relevance.

Each individual payer's ranking was supported and justified with the underlying rationale of their selection.

Overall, payers across scope countries except France and Germany considered that both DFS/RFS are equally acceptable as surrogate end-points for adjuvant treatment studies in oncology.

Acceptable end-points in adjuvant post-operative studies

Highlight the nuances associated with selecting either DFS or RFS.

Given the perceived similarities between DFS and iDFS, we focused on DFS and RFS as acceptable end-points.

50% of payers did not perceive any significant difference between DFS and RFS, and mentioned that they are used interchangeably - the other 50% stated the difference was 'existence of symptoms' (DFS) vs. 'site of relapse' (RFS).

Perception of differences between DFS and RFS

Understand whether the markets of interest required surrogacy analysis from DFS or RFS to prove benefit and, if so to what endpoint (PFS/OS).

We highlighted verbatim from representative payers from two countries who point out the need for there to be a demonstration of how these endpoints map to OS vs those markets with regular price negotiations that would reflect the uncertainty.

62% of payers considered that a surrogacy analysis mapping DFS/RFS to a hard clinical end-point will be required in their respective markets because an estimation of clinical benefit through hard end-points is critical for HTA/reimbursement decision making

Is a surrogacy analysis required?

Elicit preferred methodologies for surrogacy analysis as well as the consequences of not providing this information.

Along with preferred methodologies payers look for precedent in previous HTA applications and also provided framework of best practice – include trial results with ITT etc.

For payers from Canada, China and Germany who would accept a surrogacy analysis to correlate DFS/RFS with a strong increase in overall survival, stated that it should be conducted using a meta-analysis of published clinical trials, however, long-term follow-up will be required.

Preferred method of conducting a surrogacy analysis

Results with Rapid Payer Response™

In-depth and actionable insights in as little as 3 weeks!

IN CONCLUSION

Join us for the next round where we share how these results from RPR impacted the client's trial design.

Want results like this?

Reach out to schedule a demo!

CONTACT US NOW!

About Market Access Transformation (MAT)

Founded by industry veterans, MAT specializes in developing cutting edge technologies that enable the healthcare community to gather and exchange insight that assess the real-world potential of their products. MAT offers an online, information exchange platform, Rapid Payer Response™ (RPR), that allows healthcare stakeholders to secure immediate, expert feedback from the largest and most diverse online global payer network.