



Putting breast cancer into
a broader perspective:
*How can we account for its
full impact in Health
Technology Assessment?*

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Declarations and Acknowledgements

This session is part of a larger contracted research project between OHE and AstraZeneca, with the participation of Daiichi-Sankyo.

AstraZeneca and Daiichi-Sankyo had input into the content of this session, including the selection of panellists and the development of the discussion guide.

Learning objectives for this session

1. To understand **different theoretical perspectives that can be adopted in Health Technology Assessment (HTA)**, and how these can lead to different assessments of the value of health technologies.
2. To understand the impacts of current treatments on the daily life of breast cancer patients, on the physical and mental health of the people around them, and on their productivity; and **why 'spillovers' in breast cancer and other diseases means that a societal perspective on value might be more appropriate.**
3. To understand how some of the criticisms raised around the societal perspective in HTA can be addressed in a way that ensures **fairness and efficiency in the allocation of resources.**

Session outline

- Introduction to Perspective in Health Technology Assessment
- Audience poll: Appropriate perspective in HTA?
- Panellist statements (3-5 minutes each)
- Panel discussion (20 minutes)
- Audience Q&A (15 minutes)
- Audience poll: Have you changed your mind?


What is *perspective* in HTA?

Refers to the scope of the costs and benefits that are considered in an appraisal.

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Perspective can range from a relatively narrow consideration of **costs and savings to the healthcare system (including patient health)**...



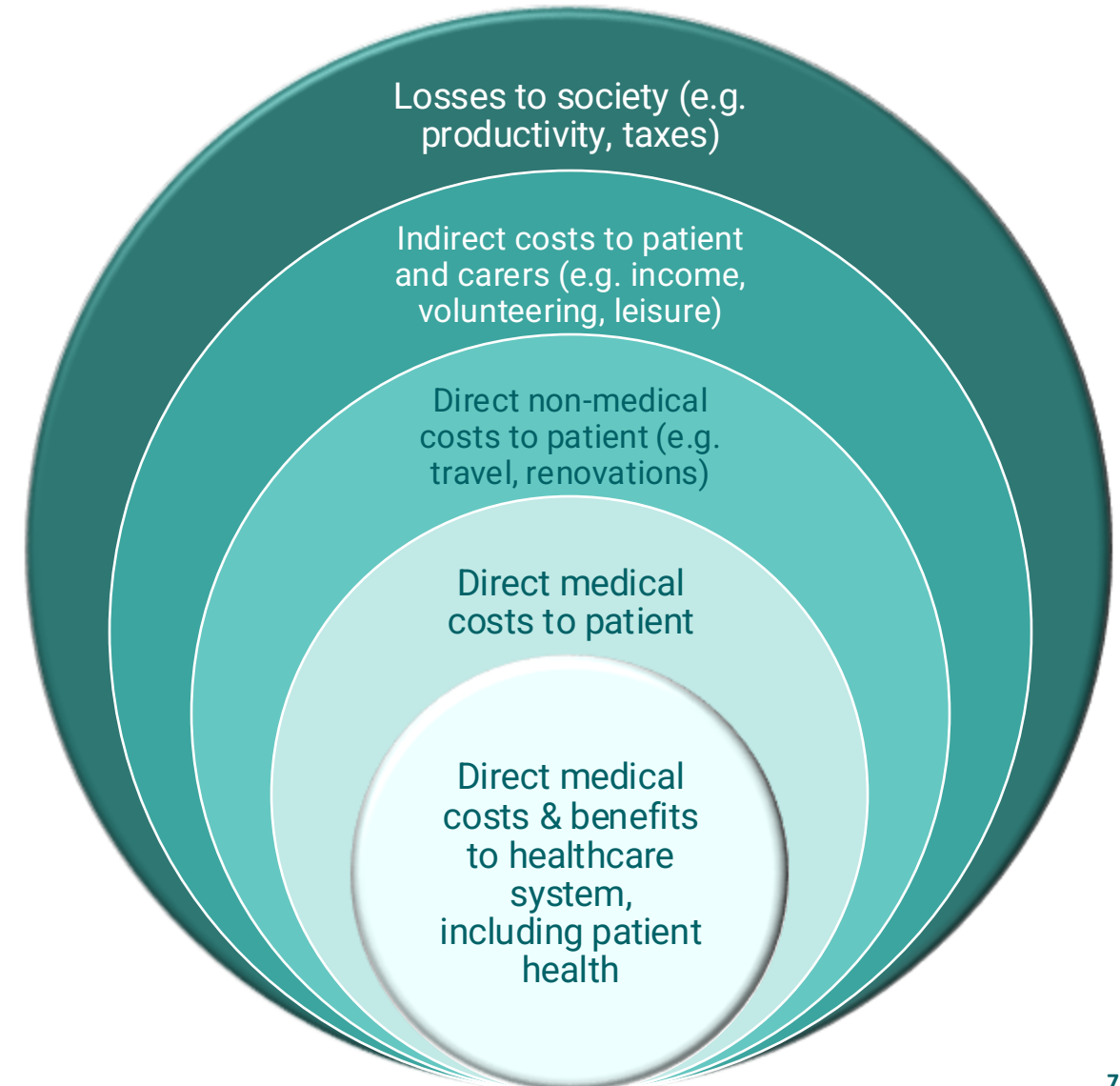
Direct medical costs & benefits to healthcare system, including patient health

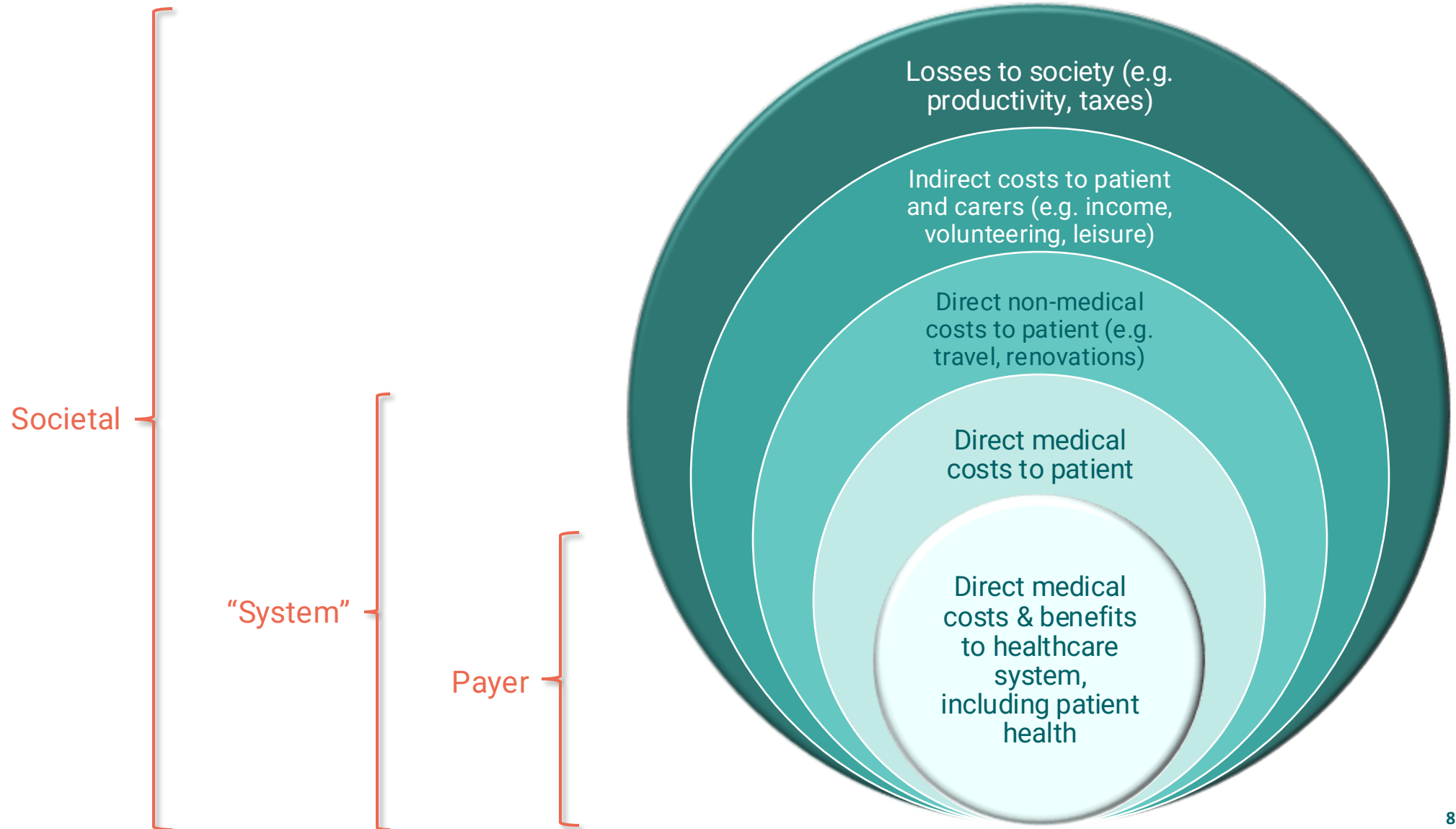
What is *perspective* in HTA?

Refers to the scope of the costs and benefits that are considered in an appraisal.

Perspective can range from a relatively narrow consideration of **costs and savings to the healthcare system (including patient health)**...

...to broader consideration of costs and benefits across **all affected stakeholders**.





The broader, non-medical costs of treatment can often be greater than the direct costs, including in breast cancer.



COSTS OF CHEMOTHERAPY FOR EARLY BREAST CANCER IN THE UK:

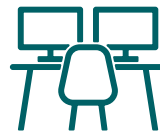
Treatment costs



£102.7m

Especially long- and short-term absences from employment for patients as well as carers, as well as foregone leisure and volunteering.

Societal losses



£141.4m

Especially long- and short-term absences from employment for patients as well as carers, and foregone leisure and volunteering.

Out-of-Pocket



£4.2m

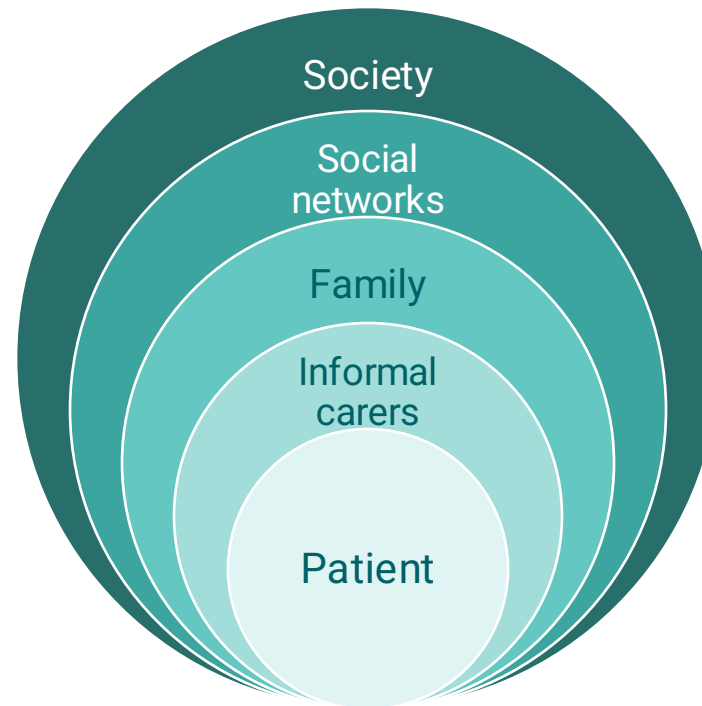
*Out-of-pocket expenses, including:
Travel costs & parking
Dietary supplements
Over the counter medicines
Wigs and hair pieces*

Impacts can also extend beyond costs to include elements not well-captured by conventional patient utility measures.



Adverse effects

Hair loss
Fatigue
Emotional distress



Carer burden

Emotional impact
Time off work and travel
to accompany patient to
appointments

Perspective determines what is valued in an appraisal.

Perspectives that take a *narrower* view of the potential costs and savings associated with a new technology may reach a different conclusion about the value of a new technology than perspectives that take a *broader* view.

Critically, there is no objectively “correct” perspective. Perspective is a subjective decision by the assessor.



Different systems adopt different perspectives.

A narrower perspective
in the base case



A broader perspective
in the base case



The payer perspective, “...simplifies the evaluation but risks resource allocations that reduce overall welfare.”

(Brouwer & van Baal, 2023)



The payer perspective is primarily concerned with **maximising health** within a **fixed healthcare budget**.

“Technical efficiency”



In contrast, the societal perspective is more concerned with **maximising welfare**, allowing for (theoretical) **reallocations between budgets**.

“Allocative efficiency”

The payer perspective, “...simplifies the evaluation but risks resource allocations that reduce overall welfare.”

(Brouwer & van Baal, 2023)



Focusing on a single aspect of the optimisation problem **simplifies the analysis** but risks allocating resources to interventions that **improve health but reduce overall societal welfare.**



How can we move towards a broader perspective on value within HTA?



What are the **barriers**?

What are the **enablers**?



Audience poll #1

You have seen an overview of different perspectives in HTA. **Which perspective do you believe is the most appropriate for the reference case in HTA appraisals?**

- A. Payer Perspective
- B. Societal Perspective
- C. Payer Perspective with clearly defined cases for consideration of Societal Perspective
- D. Case-by-case decision
- E. I have no opinion

Our panellists



Conchi Biurrun

Federación Española de
Cáncer de Mama (FECMA)
[*Federation of Spanish Breast
Cancer Associations*]



**Dr Antonio
Llombart Cussac**

Head, Medical Oncology Service
Hospital Arnau Vilanova



Meindert Boysen

Independent HTA Expert
*Previously Director of the
Centre for Health Technology
Evaluation at NICE*



Melanie Whittington

Managing Director and Head,
Center for Pharmacoeconomics,
Leerink MEDACorp
*Previously Director of
Health Economics at ICER*

Audience poll #2

Following our discussion, have you changed your mind about the most appropriate perspective in HTA appraisals?

- A. No, I still favour the **Payer Perspective**
- B. No, I still favour **Societal Perspective**
- C. No, I still favour a case-by-case approach
- D. Yes, I have switched from favouring the Payer Perspective to the **Societal Perspective**
- E. Yes, I have switched from favouring the Societal Perspective to the **Payer Perspective**
- F. I still have no opinion