F2: INTEGRATING EVIDENCE-BASED AND COST-EFFECTIVE COMPLEMENTARY AND ALTERNATIVE MEDICINE INTO THE HEALTH CARE SYSTEMS IN ASIA

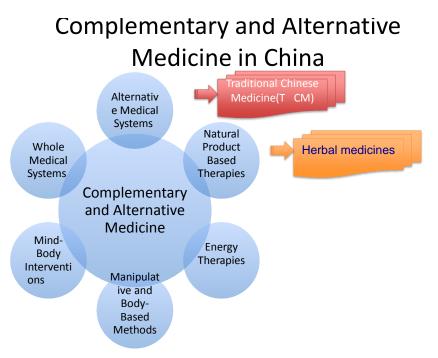
EVIDENCE-BASED PHARMACOECONOMIC EVALUATION OF TRADITIONAL CHINESE MEDICINES: PROGRESS, DILEMMAS AND EXPLORATION

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Contents

- Complementary and Alternative Medicine in China
- Progresses and problems in evidencebased PhE studies of TCM in China
- Thinking and methodology exploration of PhE study of TCM



Wieland et al. Development and classification of an operational definition of complementary and alternative medicine for the Cochrane Collaboration. Altern Ther Health Med . 2011 ; 17(2): 50–59.

Traditional Chinese Medicines in China



Draft of *Traditional Chinese medicine law* is put for 2nd review by Standing Committee of the National People's Congress on August 29, 2016

Dilemmas of TCMs in China

- Post-market evaluation of TCM for selection and elimination
 - 60430 approval products of TCM
 - Effect? Safety? Economics?
- Formulated by traditional Chinese medical theory, while evaluated by modern western medical theory?
 - 君臣佐使monarch; minister; minister; assistant and guide;
 - 升降沉浮 ascending, descending, sinking and floating;
 - 性味归经nature, flavour, channel, tropism
- the relationship between the function and the effect of TCMs?

Need appropriate method to qualitative and quantitative measure the effect of TCMs

 The need of proving, explaining and promotion of TCM on the international platform

Progresses and problems in evidence-based PhE studies of TCM in China

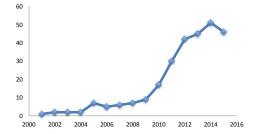
- PhE clinical Studies
- literature PhE studies based on metaanalysis
- PCT
- Piggyback RCT
- Developing guideline of TCM PhE studies

PhE Clinical studies

First PhE research Paper on TCM issued in 2001 WANG Y, LI L, HE B, et al. **CEA Comprehensive Evaluation for Western and Traditional Chinese Hypotensive Drugs.** Chinese Journal of Integrated Traditional and Western Medicine, 2001(09)

- 4 medicines:
 - Ling jiao Jiangya Pill , benazepril , amlodipine and indapamide
- 294 patients with mild to moderate hypertension, 6 weeks therapeutic course.
- · Effectiveness indicators:
 - QOL was measured with SF-36 questionnaire
 - Efficacy policy model was applied for comprehensive evaluation of CEA.

PhE Clinical studies 2001-2015



- Comparison:
 - TCM1 vs TCM2 vs
 - TCM vs Chemical drugs
 - Chemical drug +TCM vs chemical drugs

Analysis methods used in PhE

							CEA+CM
	total	CEA	CUA	CBA	CMA	CEA+CUA	А
TCMs	69	65	1	0	2	0	1
TCM vs							
Chemical drugs	203	194	0	1	6	2	0

Sun L, et al. Application Status and Prospect of Pharmacoeconomics in Evaluation of Traditional Chinese Medicine. China Pharmacist, 2015, 18(6)

- Common shortcoming of PhE clinical studies:
 - Design:
 - Most is Retrospective Cohort Study, or cased reports, seldom Perspective study
 - Methods:
 - Most is CEA, seldom CUA
 - Indicators:
 - Most are simple intermediate indicators, seldom endpoint indicators
 - Study length:
 - Short term within several weeks, lack of long term follow up, lack of model using.

PCT

- The First grant PCT research program of TCM in China
 - In 2007, under the support of The National High Technology Research and Development Program of China (863 Program) in "the 11th 5-year Project", Peking University and Zhongyi Pharmaceutical Co set up the "Evidence- based Research of Xiaoke pill for diabetes disease"
 - In 2010, the program of "Pharmaceconomic evaluation of Xiake Pill for diabetes disease" was set up lead by Prof Gardon Liu.
 - Follow-up investigation of 3000 patients in 1 year, to collect and calculate the basic information, disease cost and health outcomes, systematic evaluate the marketed antidiabetic agents.



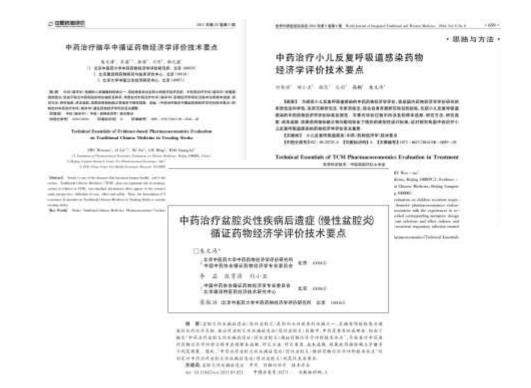
Piggyback RCT

- RCT+ Pharmacoeconomic evaluation
 - E.g. PhE evaluation based on a multi-center doubleblinded randomized clinical study of Jingshu granule for cervical spondylotic radiculopathy
 - 240 patients from 10 clinical study centers
 - · double-blinded randomized
 - 3 years research, 1 year's follow-up
 - Indicators:
 - The Neck Disability Index, NDI
 - Pain VAS score
 - QOL by SF-36
 - QALY by SF-6D(transfer from SF-36)

The development of PhE study guidelines of TCM • 2012.10, committee of TCM evidenced-based PhE, China

- 2012.10, committee of TCM evidenced-based PhE, China Associate of TCM set up
- 2012-2014, committee issued 3 Technical Essentials of Evidence-based Pharmacoeconomics Evaluation on Traditional Chinese Medicines:
 - Technical Essentials of Evidence-based Pharmacoeconomics Evaluation on Traditional Chinese Medicine in Treating Stroke.
 - Evidence-based Review of the Pharmacoeconomic Evaluation Technical Essentials of Chinese Material Medica in Treating Pelvic Inflammatory Disease Sequela (Chronic Pelvic Inflammation). 2013
 - Technical Essentials of TCM Pharmacoeconomics Evaluation in Treatmentof Children Recurrent Respiratory Infection. 2014





Thinking and methodology exploration of TCM PhE study

Study design: Transfer from diseasecenter to syndrome-center?

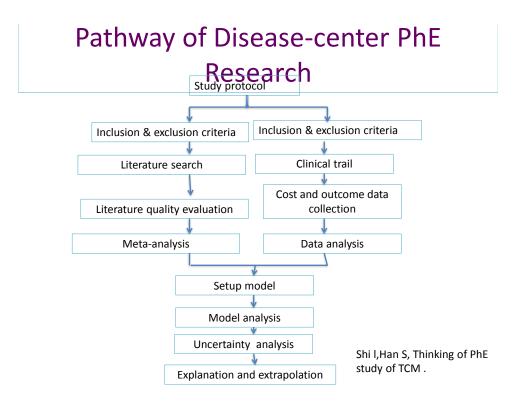
Highlights of Evidence-based Pharmacoeconomics Evaluation on TCM

- Study design:
 - PCTs or piggyback RCTs, instead of lowquality case studies
- Outcome:
 - QALY by EQ-5D or SF-6D..., instead of common/fuzzy effective percentage
- Combine TCM theory and principle with outcome research

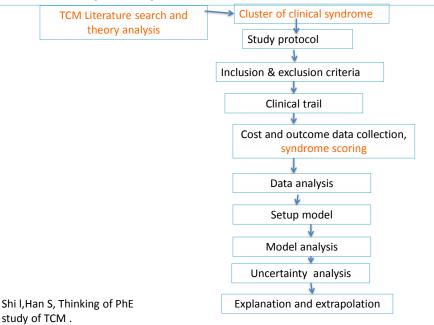
Transfer from disease-center to syndromecenter

– Prof Shi Luwen

• Peking University



Pathway of syndrome-center PhE Research



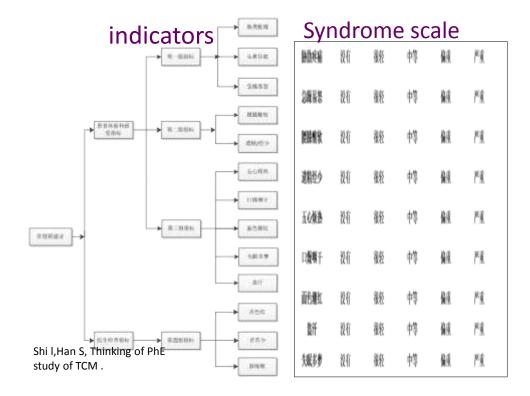
 E.g. Liuweidihuan Pill for gestational vertigo with syndrome of yin deficiency of liver and kidney(肝肾阴虚证)

TCM theory & literatures

Cluster of syndrome



Shi l,Han S, Thinking of PhE study of TCM .



Score calculation (Pre-Post test)

- Score value(100%)
 - S100=(X-Smin)/(Smax-Smin)*100
- syndrome score
 - S100=(X-13)/(65-13)*100

Shi I,Han S, Thinking of PhE study of TCM .

Thank you for your attention!

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