

Background

- Understanding key drivers of health-economic outcomes is essential already at an early stage in product development. Cost-effectiveness modeling is a useful tool to generate these insights.
- Alternatives to an expensive, bespoke cost-effectiveness model (CEM) are needed to reduce costs at this early stage in the product lifecycle.

Objective

- Develop a simple and transparent CEM for oncology, requiring limited data input and resource investment.
- Help inform early-stage commercialization planning across a variety of indications.
- Help validate cost-effectiveness assessments.

Methods

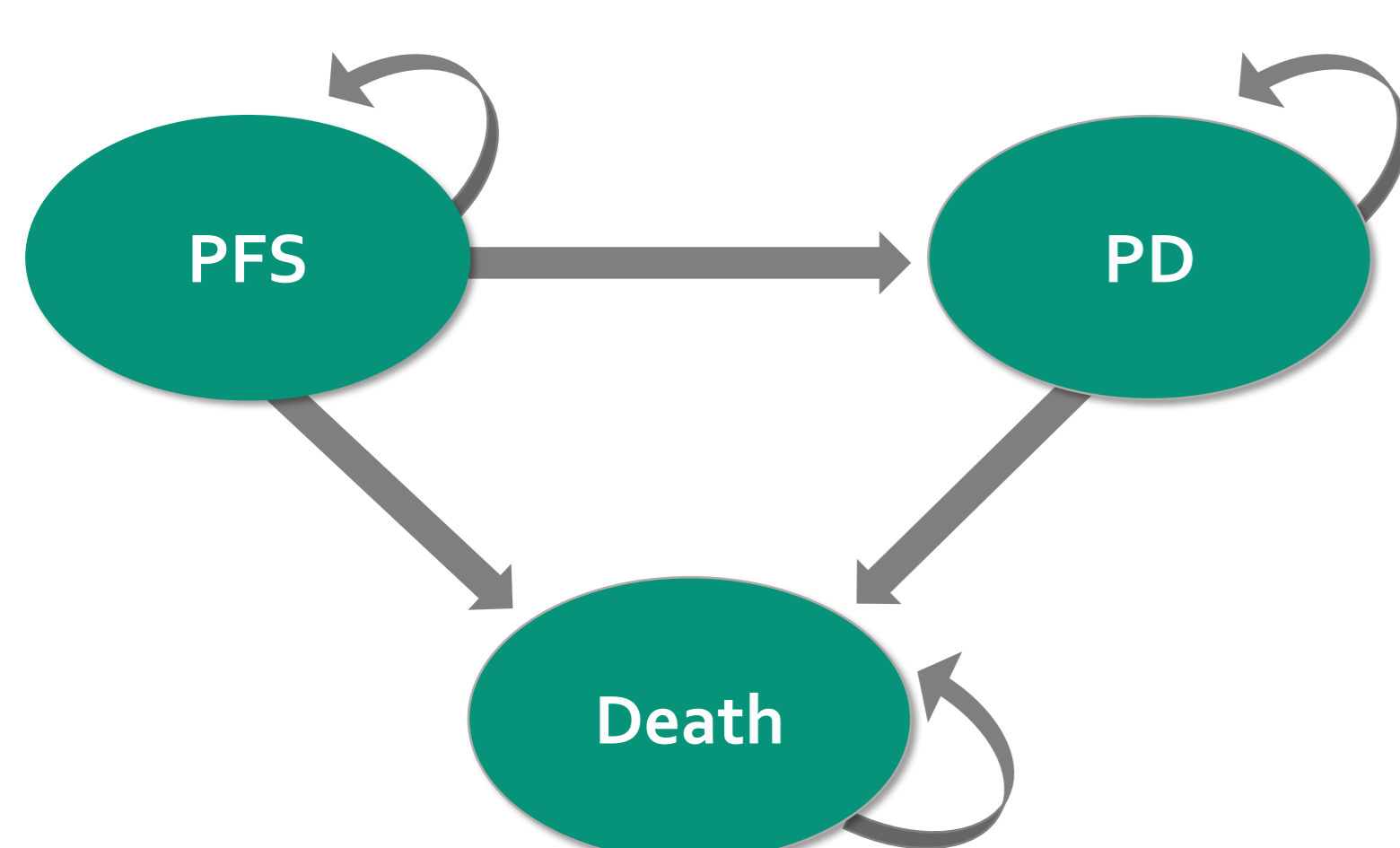
- A partitioned-survival CEM was built in Microsoft Excel with the states 'progression-free survival', 'progressed disease' and 'death'.
- Model outcomes include life-years gained, quality-adjusted life-years gained and costs. Outcomes are presented stratified by health states.
- Model inputs include structural settings (currency, time horizon, discount rate), costs (drug acquisition, administration, health care resource use, adverse events) and utilities (health states, adverse events).
- One intervention and up to two comparators can be modeled and compared at the same time.
- There are several options for including efficacy data in the model:
 1. Enter Kaplan-Meier data for progression-free and overall survival for intervention and comparator, automatically fitted with exponential and Weibull parametric curves to extrapolate survival.
 2. Enter fitted parametric curves created in external software such as R or SAS.
 3. Enter Kaplan-Meier data or parametric curves for comparator and a hazard ratio for the intervention or vice versa.
- Additional modules for probabilistic sensitivity analysis (PSA), cost-effectiveness acceptability curve (CEAC), one-way sensitivity analysis (tornado diagram), and value of information are currently in development.

A FREELY AVAILABLE GENERIC COST-EFFECTIVENESS MODEL IN ONCOLOGY FOR EARLY-STAGE DECISION MAKING

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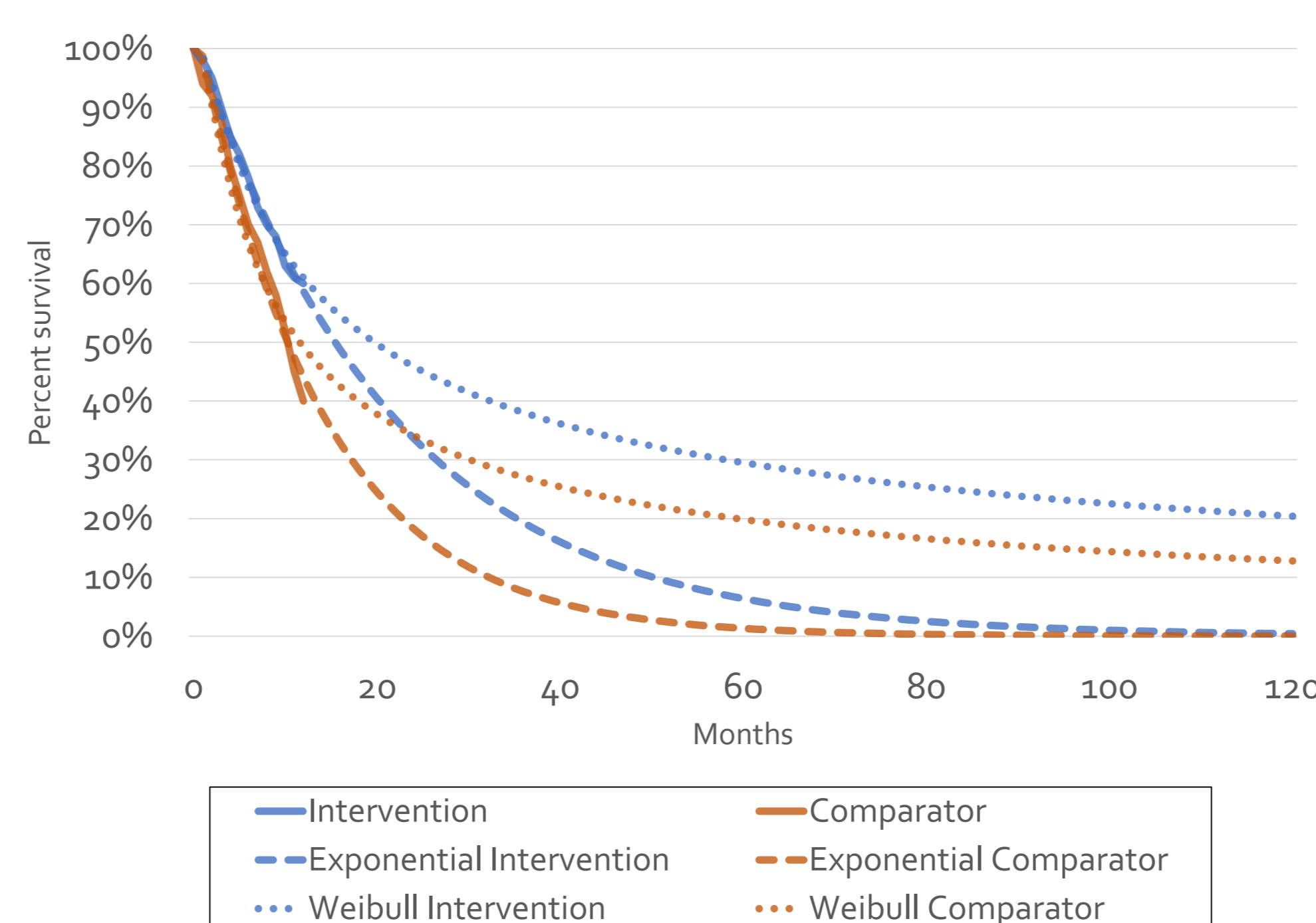
A generic model was developed, adaptable to various indications and interventions, to provide early cost-effectiveness analysis of oncology products and validation of existing assessments, available at no cost.

Figure 1. Model health states



PFS: Progression-free survival, PD: Progressed disease

Figure 2. Parametric curves fitted to KM data



Note: Mock data was used for graphs, not based on data from clinical trials

Figure 3. State distributions over time for the intervention

