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Economic evaluations are key to successfully understanding market access and product reimbursement

An experienced [Real-World Evidence \(RWE\)](#) team can help you develop high-quality evidence from real-world data, allowing key stakeholders to understand the benefits, risks, and costs of various healthcare treatment choices or products. High-quality [economic evaluations](#) are key for understanding successful market access and product reimbursement. These evaluations can come in the form of simulation models in a wide variety of designs, that are driven by product attributes and global market access needs:

- **Burden of Illness (BOI):** Determines economic or healthcare utilization effects of an illness/condition within actual clinical practice/real world environment
- **Budget Impact Analysis (BIM):** Estimates the net cumulative cost of adopting a new intervention taking into consideration the prevalence/incidence of the disease, the use of healthcare resources and their costs for patients whose healthcare costs would be paid from the budget of a payor/insurer.
- **Cost Effectiveness Analysis (CEA):** Economic evaluation which compares the incremental cost and effectiveness of competing interventions, using monetary costs and various clinical effectiveness measures, such as life years gained
- **Cost Utility Analysis (CUA):** A type of economic evaluation where effects are often measured in quality adjusted life years (QALYs) or similar measures to account for the personal, non-monetary value of treatment
- **Cost Benefit Analysis (CBA):** A type of economic evaluation where both costs and benefits of treatment are presented in monetary terms
- **Cost Minimization Analysis (CMA):** A type of economic evaluation which compares the costs of treatment when alternative therapies have equivalent clinical effectiveness, seeking the least costly option
- **Cost Consequence Analysis (CCA):** A type of economic evaluation where all applicable direct and indirect costs and a collection of outcomes/consequences are presented

The RWE team at CTI is made up clinical and scientific experts who have extensive experience building economic evaluations in dozens of therapeutic areas. We can provide services to support the entire pre- and post-approval lifecycle of pharmaceutical and medical device

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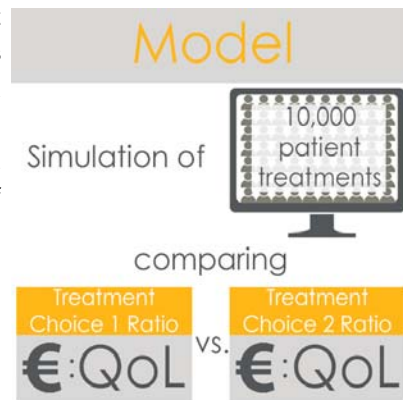
Case Study - Comparing the Value of Cancer Treatment Options

Background:

The CTI RWE team recently worked on a Cost Utility Analysis comparing the monetary costs and the clinical value (in terms of quality of life) of two different treatment choices for a rare oncology disease in the context of a particular European country.

Methods:

A Cost Utility Analysis was requested for a complex treatment scenario involving the choice of a single chemotherapy drug versus a combination chemotherapy regimen (current standard of care). A pharmacoeconomic model simulating 10,000 patient treatments was customized from a model previously created for a different country. As with many oncology therapy regimens, the dosing of one intervention was based on individual patients' size and weight. In this case the treatment of interest was available in individual vials, and for some cases a full vial was not always needed.



Using the country's official cost data sources, as well as information about patient quality of life (QoL) from the pivotal trial, a simulation model created for the UK was revised to match Treatment Choice 1 the circumstances of the other country. The researchers developed the analysis to estimate costs to the system that paid for care of patients in the new country, as well as to estimate the perceived QoL of such patients. Therefore, aligned with practice in the health care system, the base case analysis assumed the cost of the whole vial consumed by administration, including wastage, even when a portion remained unused.

Key Results:



The total overall cost of treating a patient, and therefore the ratio of costs to quality-adjusted life years, varied according to the number of individual units of treatment a patient might require. When only a fraction of vial was administered but it was counted as a complete vial, total costs increased by large increments. An alternative scenario was developed to consider the possibility that the unused portion of the product might be used elsewhere without wastage. The utility or value of the product was shown to be greater than the cost, when wastage was hypothetically removed.

Conclusions:

The economic simulation model illustrated that the value derived from one treatment choice versus another depended in part on whether all of the product could potentially be used or a portion was left unused (wastage effect).

Implications:

CTI continuously provides our clients with research on the outcomes and health economics of procedures,

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Additional Highlights from this Month



will be at
AASLD 2018



November 9-13 in San Francisco, California

Stop by and visit our team at booth #527!

Lynn Fallon, BSN
President



CTI at AASLD and ISPOR EU

CTI will be exhibiting at two conferences this month:

The American Association for the Study of Liver Diseases (AASLD) Liver Meeting in San Francisco
&
ISPOR Europe in Barcelona.

If you will be in attendance at either, make sure to drop by our booth to say hello!



Join Our Team

We are currently seeking qualified individuals to join our team!

[Search Open Positions](#)



CTI Cares

This month, CTI is raising money to support the family of Estelle Seka, who was as a CTI Sr. Clinical Project Coordinator in our Paris office. A few weeks ago, she suddenly and tragically passed away, leaving behind 2 small children. The funds raised will help support the children who have been left in the care of their grandmother.

[Donate Here](#)



New Hires & Promotions

CTI is thrilled to welcome all of our new employees, and to congratulate our recently promoted employees!

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CTI in the News:

CTI Clinical Trial and Consulting Services Announces Promotion of Pat Earley to Chief International Business Officer

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