The Development of "Evidence Into Practice – Rapid Reviews"

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Background

- Request from the Health Service Executive (HSE) drugs group to convene a Clinical Advisory Group to provide advice and recommendations with regard to the use and sequencing of Systemic Anti-Cancer Therapy (SACT) for the treatment of advanced melanoma in adults.

- Guidance was needed in this area of emerging evidence with therapies costing upwards of €100,000 per QALY

- “Game changing” therapies

NCCP-Evidence Based Guidelines

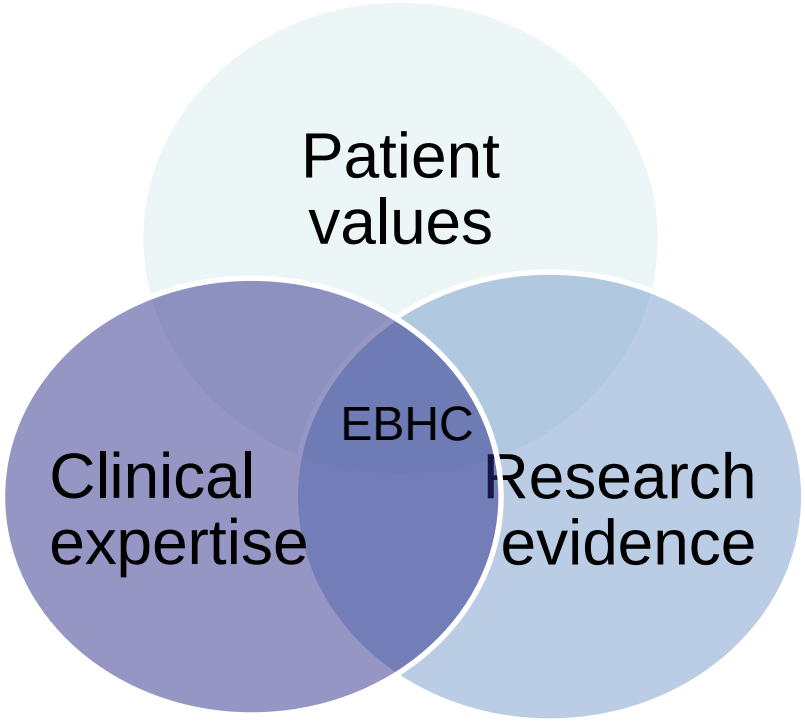
- Aim to improve the quality of clinical care
- Address areas of clinical care with
  - Variation in practice
  - New and emerging evidence
  - Potential to have an impact on patient care
- They are based on the best research evidence in conjunction with clinical expertise, patient values and cost
- They are developed using a clear evidence-based methodology.

The Need for a Rapid Review

- NCCP guidelines are labour intensive and take two years to complete.
- They address multiple questions on a clinical topic
- They must be quality assured by the National Clinical Effectiveness Committee in the Department of Health
- They require an economic assessment, a budget impact assessment and an implementation plan
- The evidence on advanced melanoma is rapidly emerging and was expected to continue to change over the next year as RCT data matures

Evidence Based Health Care

"The integration of the best research evidence with clinical expertise and patient values"



NCCP Methodology for Evidence into Practice Rapid Reviews

Step 1 - Develop Clinical Questions • Develop and sign off the clinical questions – this defines the scope of the evidence assessment.	**NCCP and CAG**
Step 2 - Search for and find the evidence • Literature searches are carried out by the HSE librarian using the agreed NCCP protocol	**NCCP and HSE Librarian**
Step 3 - Appraise the literature • The literature is sifted and appraised by NCCP members • Data tables are generated by NCCP members	**NCCP**
Step 4 - Generate recommendations • Considered judgement forms are completed and recommendations are generated in real time. The following are considered; the body of evidence and its quality, the benefit and harm to patients.	**CAG and NCCP face to face meeting, 1-1.5 hours per clinical question**
Step 5 - Review • The draft report is distributed to the members of the CAG for review and comment	**NCCP and CAG**
Step 6 - Sign off of the Evidence in Practice Report and recommendations • The CAG discusses any suggested changes with supporting evidence and records all decisions with regard to amendments. • The final report is agreed and published.	**NCCP and CAG – Final Meeting**

Clinical Questions

- For adults patients with metastatic melanoma and who are BRAF wild type (BRAF mutation negative), what systemic anticancer therapy (SACT) improves overall survival?
- For adults patients with metastatic melanoma and who are BRAF mutated (BRAF mutation positive), what systemic anticancer therapy (SACT) improves overall survival?
- For adults patients with metastatic melanoma and who are BRAF wild type (BRAF mutation negative), and who have relapsed following first line therapy, what systemic anticancer therapy (SACT) improves overall survival?
- For adults patients with metastatic melanoma and who are BRAF mutated (BRAF mutation positive), and who have relapsed following first line therapy, what systemic anticancer therapy (SACT) improves overall survival?

Learning Points – How to Keep a Rapid Review Rapid

- Limit the number of clinical questions
- Generate guideline recommendations in one day
- Involve Clinicians who have experience with the drug under review
- Be aware of emerging evidence and timelines
- Ensure a predetermined timeframe for updating the evidence

A "Rapid" Review Timeline

First iteration:

Systemic anti-cancer therapy of patients with metastatic melanoma

Day 1
- Develop 4 clinical questions and send to library (29/07/2016)

Day 17
- Library conducts 4 literature searches (last received 15/08/2016)

Day 251
- 1st Recommendation meeting (08/11/2016)
- 2nd Recommendation meeting (16/11/2016)
- 3rd Recommendation meeting (13/01/2017)
- 4th Recommendation meeting (06/04/2017)

Day 321
- Completed review (15/06/2017)

Second iteration:

Brentuximab vedotin in combination with chemotherapy in patients with relapsed or primary refractory Hodgkin Lymphoma

Day 1
- Develop a clinical question and send to library (22/03/2017)

Day 8
- Library conducts a literature search (30/03/2017)

Day 50
- Recommendation meeting (11/05/2017)

Day 85
- **Completed review (15/06/2017)**

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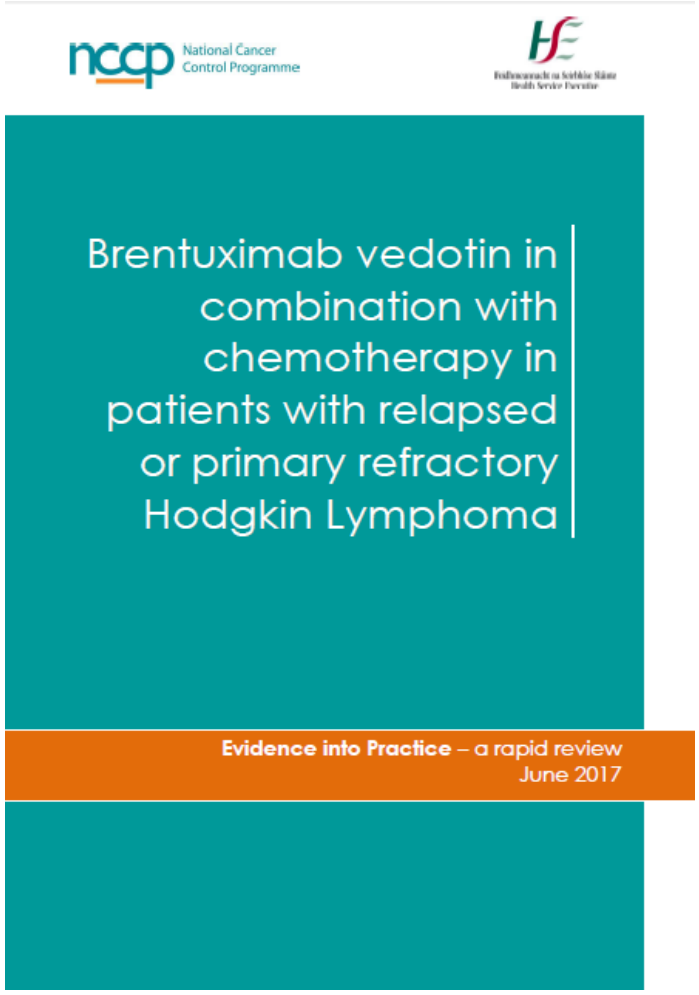
Discussion Points - Getting the Evidence into Practice

- Consider how to interpret clinically meaningful versus statistically significant results?
- Plateaus in survival curves?
- Phase I/II data?



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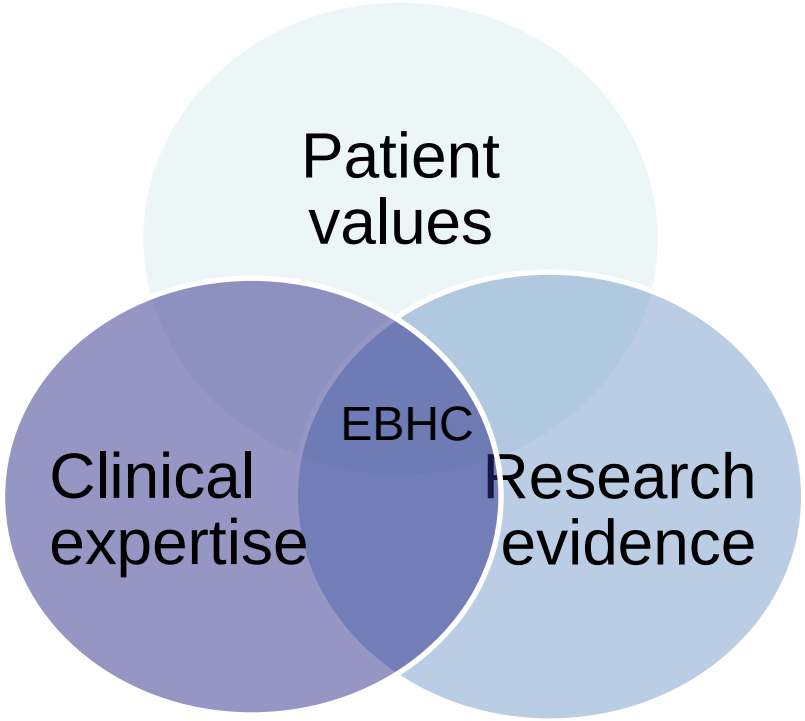
Next Steps

"The integration of the best research evidence with clinical expertise and patient values"



Quality Improvement

- These evidence into practice-rapid reviews will ensure emerging evidence can be put directly into practice to improve patient outcomes, while providing assurance about budget impact.

- By reducing variation in practice we can monitor real world outcomes in the Irish setting and contribute to the growing evidence base on these topics

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