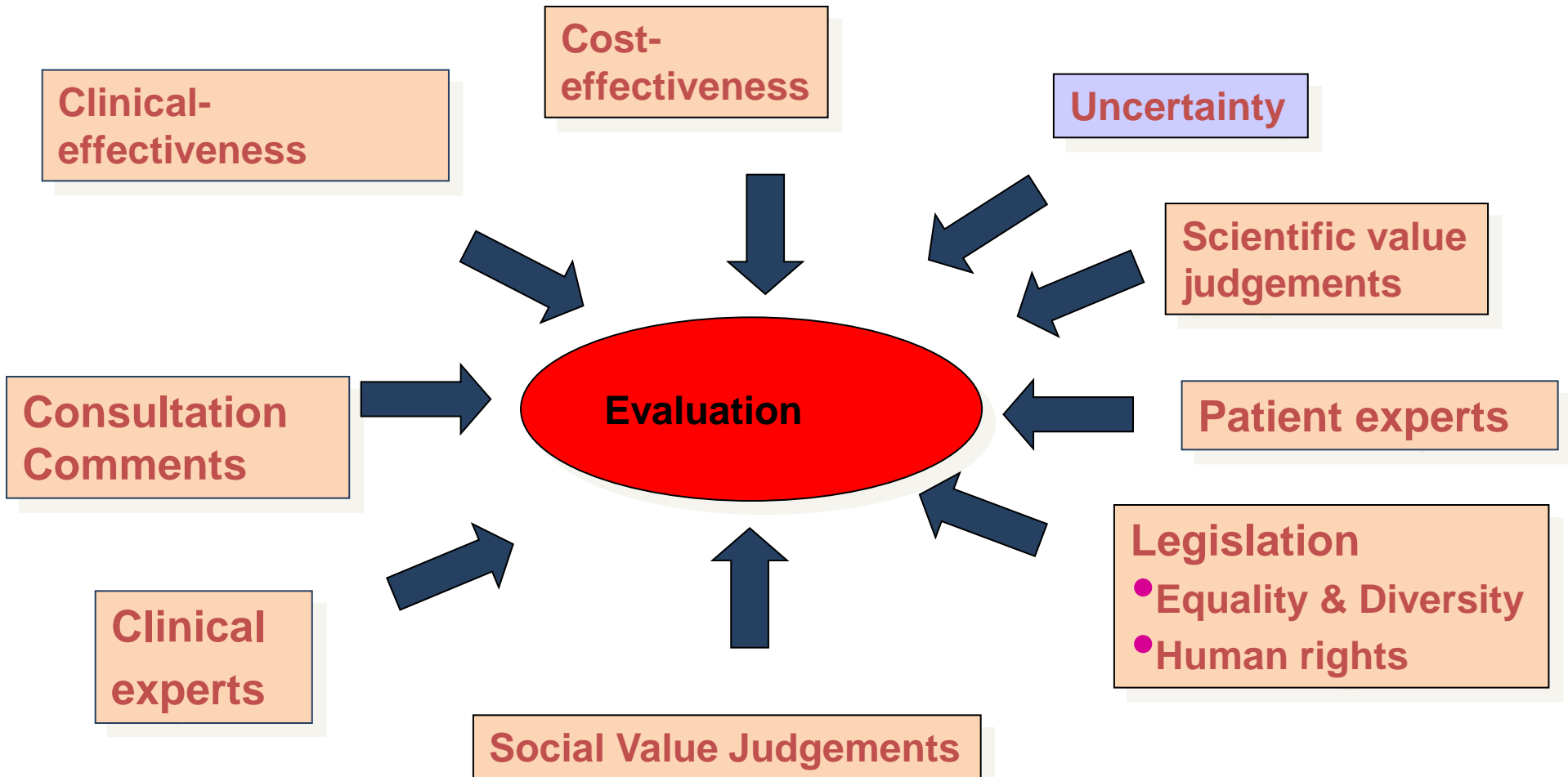




The patients understanding of benefit risk

Professor Sarah Garner PhD BPharm
Associate Director R&D

What gets taken into account?



What type of uncertainties?

- clinical effectiveness
- cost effectiveness
- implementation
- outcomes
- accuracy of a test
- clinical prediction rules
- diagnosis
- prognosis
- rates of harms
- patients' experience
- measurements of outcome
- service delivery
- organisation
- Methods



Types of uncertainty

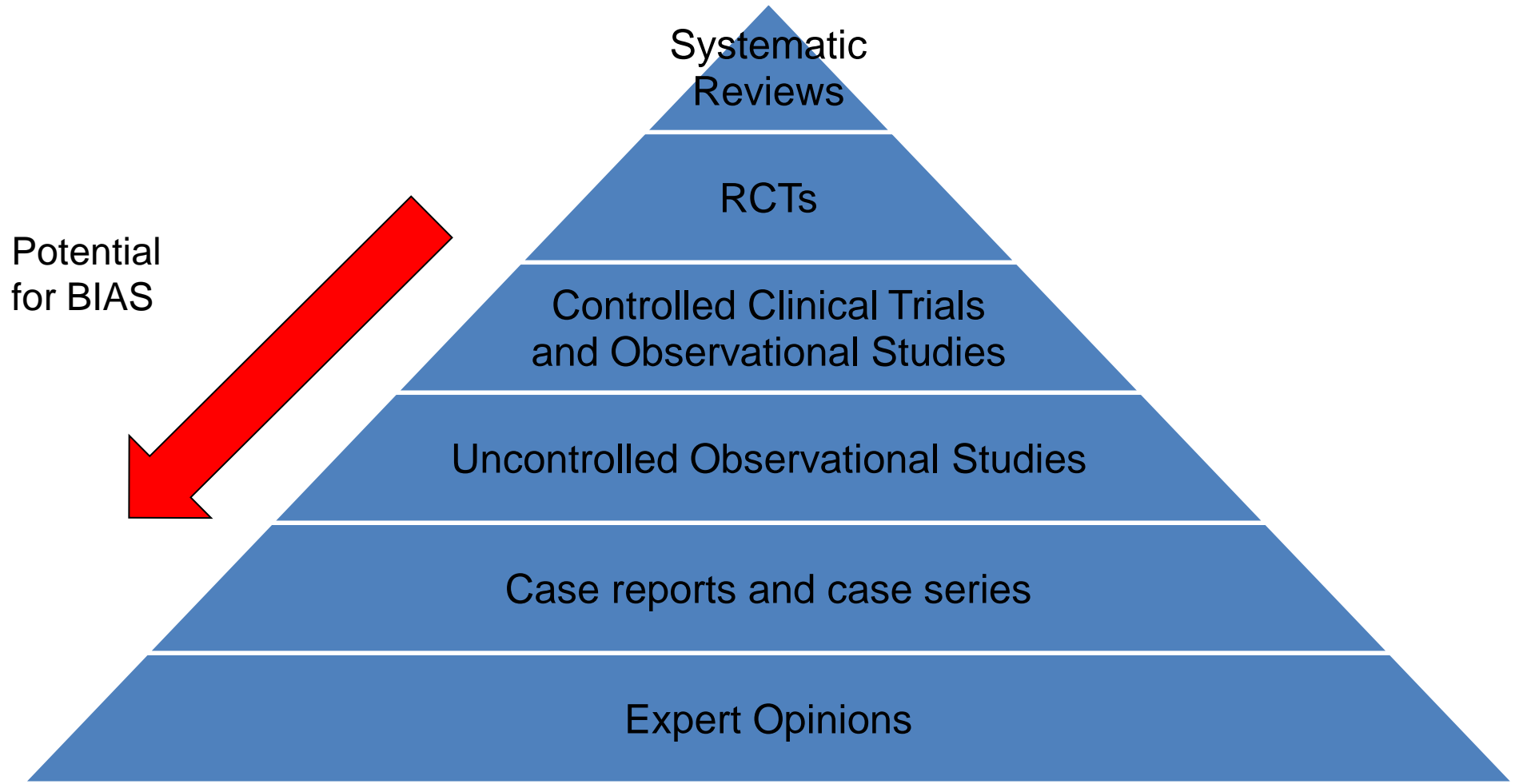
No evidence

- Doesn't exist
- Not identified
- Not reported

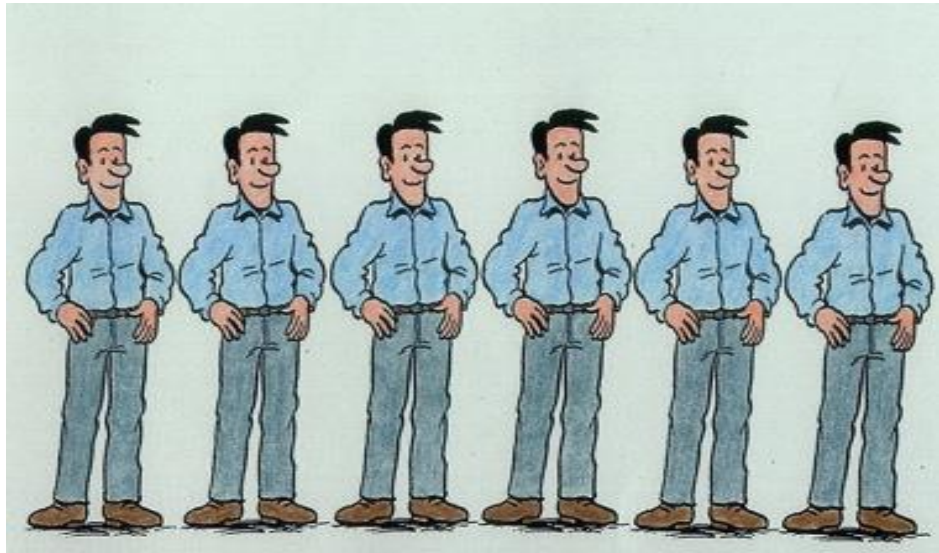
Existing evidence

- Not robust
- Cannot be generalised (setting, patients, country etc)
- Does not answer the question
- Out of date

Hierarchy of Evidence



- Efficacy
- patient benefit and harm in experimental and closely monitored research studies, normally RCTs.
- Design minimises bias- high internal validity

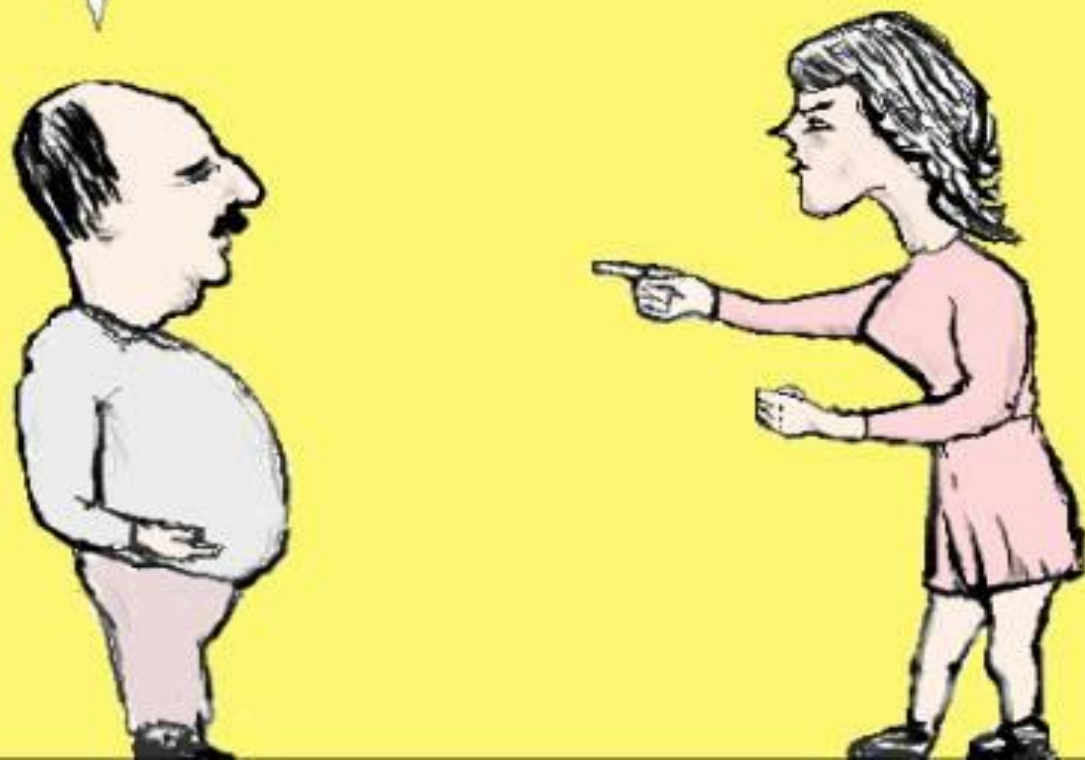


- Effectiveness
- patient benefit and harm when the technology is actually applied in everyday practice.
- *“evidence used for decision-making that is not collected in conventional randomized controlled trials (RCTs)”*
* ISPOR

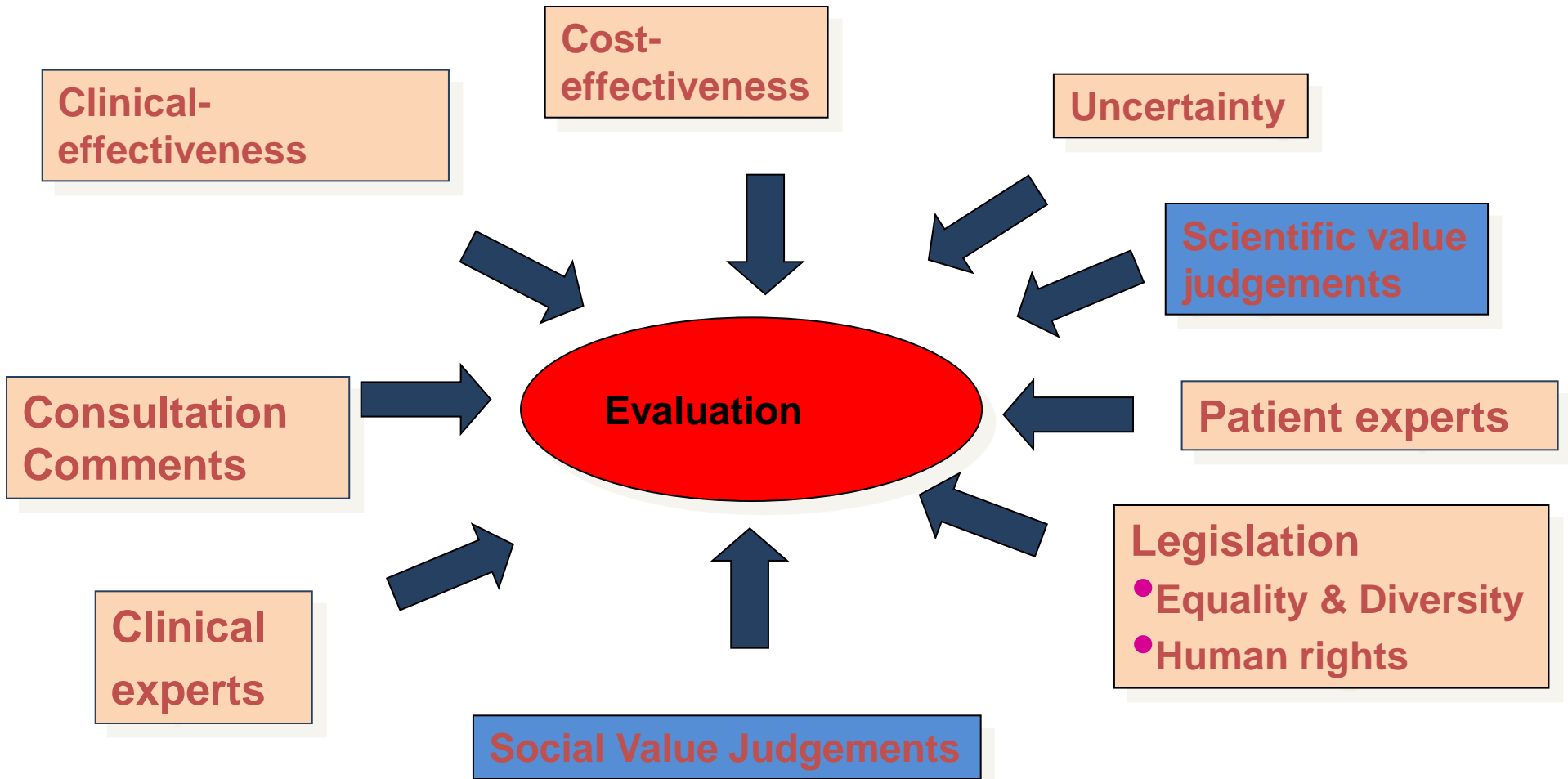


We should only fund evidence based medicine.

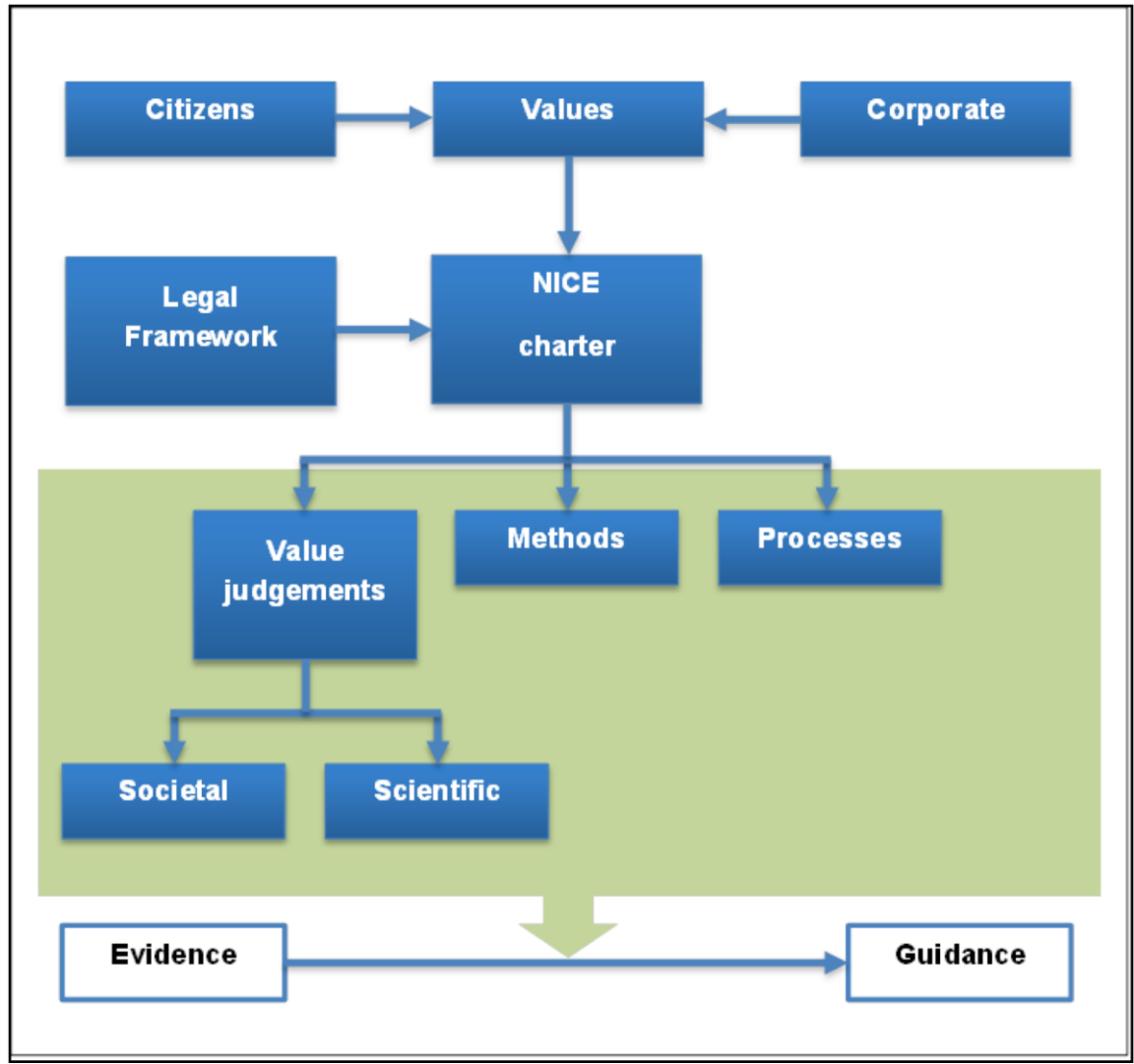
You mean like Vioxx, Fen Phen, Redux, SSRI's, Propulsid, Raxar, Baycol, Rezulin, Trasylol, arthroscopy for arthritic knees, routine hysterectomy and mercury in vaccines?!!



What gets taken into account?

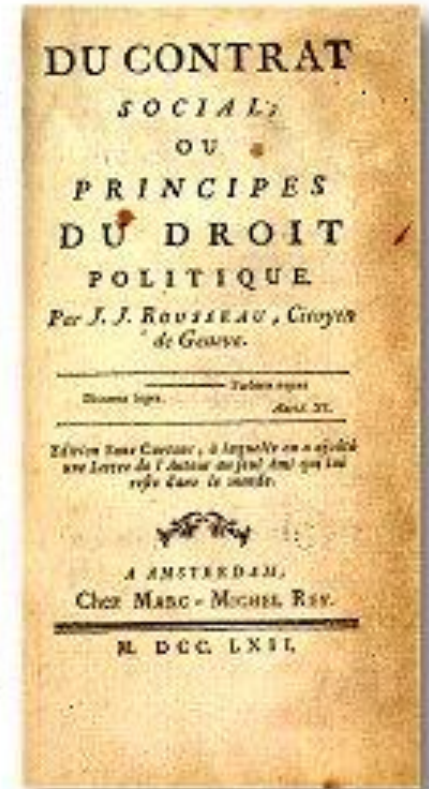
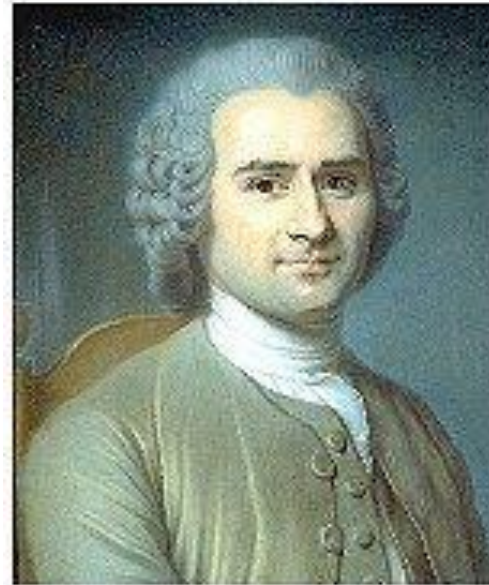






The new 'social contract' ?

- All drugs have risk.
- Early access needs to be managed carefully.
- To ensure safety we need to evaluate.
- Health care systems are resource-limited.
- We are all tax payers and patients



Revolution or Evolution?



- Staggered approval
- Adaptive licensing
- Progressive licensing
- Conditional authorisation
- Accelerated approval
- Managed entry
- Only in research
- Coverage with evidence development
- Scientific advice
- Novel trial design
- Medicines Adaptive Pathways to Patients