

## Effect of data selection on reimbursement decisions: Breast Cancer Case

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### Abstract

**Background:** One of the daily challenges for health care policy makers is selecting the right patient for the right treatment with affordable price. If we taking breast cancer treatments at low middle income country, as Egypt's experience with breast cancer, an incidence (15 .4) per 100,000 beside The prevalence of HER2-positive breast cancer is approximately 15% to 20% of primary breast cancers .this will lead to economic burden as well as consequences on decision makers. When they decides to treat with monoclonal antibodies like Trastuzumab what is the appropriate time to treat the patient to achieve the efficient management of resources 6 months versus 12 months of adjuvant Trastuzumab in early breast cancer

**Methods:** A cost-effectiveness analysis from the payer perspective using Markov chain simulation model which is hypothetical cohort model to conforms to real practice of management of breast cancer in Egypt. Three years' time horizon was selected to reflect the consequences of a decision. The transition probabilities from "first line until progression" state to "best supportive care" and "death" were derived. The health outcomes of the two treatment arms were measured by quality-adjusted life years (QALYs). To test the stability of our results to variation in the estimates of the input model parameters, we performed various one-dimensional sensitivity analyses. Time horizon was estimated as 3 years. The source of efficacy data was. Derived from The PHARE, HORG, SOLD, SHORT-HER and PERSEPHONE trials

**Result:** The result of economic model showed that selecting one clinical study for deciding shorter time regimen versus standard regimen is might not be strong evidence for taking the decisions because the economic model was so sensitive to the following parameter. Difference in prespecified noninferiority criteria and study population. Approximately 60% of the patients had node-negative disease in the PERSEPHONE trial, compared with 25% in the HORG trial. Moreover, the proportion of ER-positive patients in the PERSEPHONE trial (69%) was also higher than that in the HORG (65%) and PHARE trial (58%), respectively plus Two recent meta-analyses demonstrated that Compared with 1-year, shorter duration of adjuvant Trastuzumab is associated with statistically significantly worse DFS and OS. despite favorable cardiotoxicity profile and should remain as the preferred treatment for early stage HER2- positive breast cancer. Shorter durations of Trastuzumab may serve as an alternative for patients with cardiac disease and those at lower risk of recurrence but not for everyone.

**Conclusion:** Selecting data for health care decision making in oncology should take in consideration Strength of evidence sensitivity analysis of that data should be conducted to ensure effective health care decisions.

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### Biography:

Abdalla Abotaleb is one of the most profound experts in healthcare policy and regulations in the MENA region His expertise extends from HTA & Reimbursement policies to regulatory and supply chain strategies in the public sector. Now works for WHO as a project manager at health care reforming area. He graduated in faculty of pharmacy then obtained a post-graduate in health economics followed by a Ph.D. in Health Economics & Policy from York University. He also has a degree in Project Management Professional (PMP), Pharm. D certificate and a Master of Business Administration (MBA). In addition to being a committee member and project manager in a number of national projects in many countries including Germany, United Kingdom, Egypt, Algeria, Sudan, Russia, UAE, Morocco, Jordan, Iraq, Turkey, KSA, GULF, USA and Poland, he is a very active researcher with tens of publication across different well-recognized organizing including ISPOR, ESMO, ASCO, ECCO, iHEA. HTAI and EuHEA. Multiple engagement efforts are well recognized in his research by introducing concepts of stakeholder engagement.



### Speaker Publications:

1. "Impact of sequencing of treatment lines to enhance patient's outcomes & resource utilization for metastatic breast cancer"; OMICS J Radiol / 2018 / <https://www.omicsonline.org/conference-proceedings/2167-7964-C1-021-003.pdf>
2. "Impact of CETUXIMAB on enhancing patient outcome & resource utilization for head and neck cancer treatment: Cost utility study"; OMICS J Radiol / 2019 / <https://www.omicsonline.org/abstract/impact-of-cetuximab-on-enhancing-patient-out-come-resource-utilization-for-head-and-neck-cancer-treatment-cost-utility-study/>

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