Canada's Drug and
Health Technology Agency

Pediatric Low-Grade Glioma Multi-Stakeholder Dialogue Methods and Practices

October 2022

With the support of Health Canada, CADTH launched a learning period in November 2021 (Real-World Data and Real-World Evidence at CADTH) to better understand how to optimize the use of Real-World Evidence (RWE) to inform decision-making for drugs for rare diseases. As part of this learning period, CADTH is coordinating collaborative "learning by doing" projects. In pursuit of learnings on uses of RWE in pediatric oncology indications and multi-stakeholder dialogue, CADTH brought together different types of stakeholders to learn about the care of pediatric low-grade glioma (pLGG) patients in Canada. This document describes the methods of engagement and analysis of the findings of this multi-stakeholder dialogue process (refer to the Multi-stakeholder Dialogue report).

Pre-Meetings

Several pre-meetings were held during which members of the patient community and health care providers were provided with an opportunity to discuss unmet needs and challenges in care for pLGG amongst peers in a safe space. The findings of these pre-meetings were used to inform the multi-stakeholder meeting that followed in 2 main ways:

1. Key findings were presented during the multi-stakeholder meeting
2. Indicators and outcomes identified by CADTH staff from the discussion during these pre-meetings were presented during the multi-stakeholder meeting as examples of measurable variables to stimulate discussion

Meetings with Patient Community

CADTH's Patient Engagement Team posted an open call for participants (patients, survivors, caregivers, families, or bereaved family members) with lived experiences of pediatric glioma on the CADTH website. The team also directly contacted Canadian cancer charities and support groups to introduce CADTH and invite community members to apply to be part of the consultation via the open call on CADTH's website. Interested individuals completed a web form describing their connection to pediatric glioma and how their experiences could add to the diversity of ideas being shared. A 9-member panel was selected that consisted of the following groups:

- Patient group representatives
- Bereaved family members
- Parents of children currently being treated for pediatric glioma

To accommodate availability amongst the stakeholders, 2 separate patient community meetings were held. Patient community members from Ontario, Manitoba, Nova Scotia, and British Columbia were in attendance. Access to emotional support via a health care professional (registered nurse in pediatric oncology and hematology) was provided to attendees throughout the meetings. Also in attendance were several CADTH staff.

Existing CADTH policies for consent to be part of the consultation and conflict of interest declarations were applied. Participants were offered an honorarium as compensation for

their time spent reviewing pre-meeting materials, attending the meeting, and reviewing the patient community meeting summary.

An agenda (including the discussion questions), glossary of terms, and meeting instructions were circulated to attendees one week prior to the meetings. Two 1.5-hour virtual meetings were held on May 27, 2022, and May 30, 2022.

During the meetings, CADTH staff provided a brief overview of the literature on pLGG, including some examples of information being collected to support decision-making, and introduced the Pediatric Oncology Group of Ontario Networked Information System (POGONIS) as a source of data from a real-world care setting. After the presentation, the patient community members were asked about their experiences with treatment, specifically: what aspects of care worked well, what challenges they faced, and whether they could identify any ongoing unmet needs. After this discussion, the attendees were asked to reflect upon the types of information being measured (i.e., the examples of indicators from the literature presented by CADTH staff), specifically their relevance, associated risks, and any outcomes that they felt were missing.

Separate summaries were created for each meeting. Each patient community member had the opportunity to review and provide feedback on the summary for the meeting they attended.

Meeting with Health Care Providers

First, a list of health care provider specialities was drafted to direct health care provider engagement. The aim was to have individuals with different perspectives present at the meeting.

Potential contacts were identified by representatives from the Pediatric Oncology Group of Ontario (POGO) and through CADTH's Liaison Officer team. A list of 21 contacts was created. Contacts were invited in a staggered approach. The first round of invitations was distributed based on each health care provider's jurisdiction, clinical speciality, and involvement in an ongoing external clinical research study. A second round of invitations was distributed a few weeks later. All 21 potential contacts received an invitation to participate in the meeting, and 14 accepted the invitation. Health care providers involved in the discussion included representation from the following groups:

- pediatric and adult neuro-oncologists
- pediatric oncologists
- neurosurgeons
- radiation oncologists
- neuropathologists
- pediatric oncology nurses
- oncology pharmacists.

Health care providers were based out of Nova Scotia, Quebec, Ontario, Manitoba, and British Columbia. Several CADTH staff members and representatives of POGONIS were also in attendance. Experts in RWE methodology for rare cancers observed the meeting.

All participants were required to comply with existing CADTH policies regarding the disclosure and management of conflicts of interest. Honorariums were offered to health care provider attendees to compensate for their time spent reviewing pre-meeting materials, attending the meeting, and reviewing the draft meeting summary.

An agenda and a list of discussion questions were circulated to attendees one week prior to the meeting. The 1.5-hour virtual meeting was held on May 30, 2022.

Presentations from CADTH about a pLGG evidence overview and from POGONIS about their registry helped to guide a facilitated roundtable discussion. From their professional experiences, clinicians were asked to provide insight into the current challenges and unmet needs relating to the treatment of pLGG in Canada. They were also asked to discuss the indicators or outcomes that need to be measured for this patient group to inform decision-making about optimizing care. A summary of key themes and ideas was distilled from the discussion. At the end of the meeting, the health care providers were asked to complete a 3-question survey. The survey asked about the format of the meeting and their interest in participating in the multi-stakeholder meeting.

The health care providers who attended the meeting had the opportunity to review the summary and provide feedback.

Multi-Stakeholder Meeting

Stakeholder Recruitment Methods

First, a "wish list" of stakeholder categories and goal number of attendees (≤50) was drafted to direct engagement of stakeholders. The aim was to have balanced representation from each stakeholder group at the meeting (i.e., patient community, health care providers, registry/data holders, health technology assessment (HTA) bodies, regulators, payers, and industry representatives).

Not all attendees from the pre-meetings were invited to the multi-stakeholder meeting to enable robust conversation relevant to addressing the meeting objectives among a manageable number of stakeholders. Health care providers who attended the pre-meetings were invited based on:

- their willingness to participate, according to results from the pre-meeting survey
- selection criteria to ensure representation of multiple specialties and professions as well as representation of perspectives from across Canada.

Attendees of the patient community pre-meetings were invited based on:

- selection criteria to ensure representation of both caregivers and patient group representatives
- availability and an ability to comment on experiences with pLGG specifically.

The CADTH RWE Lead gave a short presentation at the Provincial Advisory Group (PAG) meeting that took place on June 13, 2022, to recruit public payers for the multi-stakeholder meeting. This presentation was followed up with direct communications with potential stakeholders identified by CADTH executives and staff. Private payers were identified by the Canadian Health and Life Insurance Association (CHLIA).

Pharmaceutical companies with drugs in the pipeline and ongoing data collection sites in Canada were identified via a search of the Health Canada Clinical Trials Database (Medical Condition: "Glioma" AND Study Population: "Pediatric" AND Trial Status: "Ongoing" on April 21, 2022). This list of companies was forwarded to IMC Biotech, who identified contacts for CADTH to invite to the multi-stakeholder meeting.

Targeted invitations were sent to registry/data holders, regulators, and HTA stakeholders based on several factors, including known expertise in the areas of RWE, pediatric indications, and/or rare disease. Regulators and HTA stakeholders were selected from representatives participating in the RWE Steering Committee. An ethicist was contacted at the recommendation of CADTH's Qualitative Research team and attended the multi-stakeholder meeting to provide an ethics perspective specific to HTA.

A total of 48 attendees attended the meeting. The distribution of stakeholders was as follows:

- HTA bodies (n = 14; 29%), which included (among others):
  - 1 stakeholder with a background in ethics
  - 10 stakeholders who were observers
- health care providers (n = 8; 17%)
- regulators (n = 8; 17%)
- patient community (n = 6; 13%)
- registry/data holders (n = 4; 8%)
- industry (n = 4; 8%)
- payers (n = 4; 8%).

Meeting Methods

The meeting objective was to learn about potential measurable indicators and outcomes that stakeholders deemed important to capture for decision-making related to the care of pLGG patients in Canada.

The multi-stakeholder meeting took place on July 13, 2022. A week prior to the meeting, an e-binder of meeting materials was sent to all stakeholders. The e-binder included the agenda, a list of the stakeholder groups invited to the meeting, a short biography of the registered nurse providing emotional support if needed, instructions to access the meeting, a short glossary of important terms, and the slide deck (refer to the Pre-meeting material).

Prior to the meeting, attendees were required to submit a conflict-of-interest disclosure form to CADTH. Attendees were asked to identify any needs or requirements for participation in the meeting, to confirm agreement to work respectfully with everyone else at the meeting, and to identify any potential competing interests. Honorariums were offered to the patient community and health care provider attendees to compensate for their time spent reviewing pre-meeting materials, attending the meeting, and reviewing the draft meeting summary.

The meeting was held virtually, in a single meeting room, over a period of 3 hours. The meeting was mediated by a professional facilitator contracted by CADTH. During the meeting, the facilitator presented semi-structured questions to the stakeholders to engage them in discussions that would meet the main meeting objective. An emotional support professional (i.e., a registered nurse specializing in pediatric oncology and hematology) was made available to all participants during these meetings, if required.

The CADTH RWE Lead opened the meeting with a brief introduction. She introduced the meeting facilitator, who proceeded with a land acknowledgement and an overview of participation instructions and rules of engagement. The rules of engagement provided instruction in the following areas:

- Virtual room etiquette: Cameras on, raise your hand to speak, chat box use is encouraged.
- Participation: Try to be present and not multitask, introduce the perspective you are speaking to when you talk (e.g., industry, family member of patient, and so on).
- Curious mind and open heart: This is a safe space to learn; let's have respectful and robust dialogue.
- Confidentiality: Specific details of the conversation should be kept confidential, as they will lack context outside the room. Personal stories and experiences should not be shared outside the room, to maintain confidentiality.
- Everyone has wisdom.

The facilitator then introduced the Chatham House Rule, which was followed during the meeting. When a meeting, or part thereof, is held under the Chatham House Rule, participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed. The facilitator also went over their role as an independent neutral facilitator, particularly their role in ensuring everyone has an opportunity to speak, and that fulfilling this role may involve interjecting or specifically calling on participants for their comments.

Next, the CADTH RWE Lead went over the CADTH disclosures followed by the context, purpose, and objectives of the multi-stakeholder meeting. The Chief Scientist and Vice-President for Evidence Standards at CADTH introduced the public drug reimbursement decision pathway in Canada. The CADTH RWE Lead then presented RWE frameworks and rationale, followed by a brief summary of learnings on pLGG from the literature. A summary of findings from the pre-meetings was followed by a brief checkpoint with the stakeholders that attended the pre-meetings and were present at the multi-stakeholder meeting to make sure that all key findings from these pre-meetings had been

communicated. Next, the RWE Lead presented examples of potential indicators and outcomes to support decision-making for pLGG.

The facilitator then posed the first discussion questions, which were:

- What needs to be measured and/or followed to meet your decision-making needs about the care for pLGG patients? What is missing?

The discussion was followed by a 10-minute break.

Following the break, representatives from the POGO presented on sources of real-world data for pLGG. At this point, stakeholders were provided the opportunity to ask the POGO representatives questions, which launched into a discussion of the next questions:

1. What should be measured from the existing available data to support decision-making?
2. In an ideal world, which of the discussed indicators/outcomes would be the most relevant to measure prospectively?

Following the discussion of indicators and outcomes, the CADTH RWE Lead described the plans for the meeting output. This included plans for the publication of a high-level report on key messages and how learnings from the meeting will help develop guidance on multi-stakeholder dialogue and inform exploration of real-world data collection/generation to support decision-making. Finally, attendees were informed that topics raised in the meeting that were out of scope would inform future CADTH work.

A short evaluation of the meeting was completed by stakeholders during the final 10 minutes of the meeting via a link sent in the chat (refer to the Multi-stakeholder Dialogue report for key findings).

The meeting was closed with final remarks summarizing the discussion and next steps, and by thanking stakeholders for their time and insights.

Qualitative Analysis

The objective of the qualitative analysis was to descriptively summarize multiple stakeholders' perspectives on key indicators and outcomes to support decision-making about the care of pLGG. To do so, 2 RWE research analysts used an analytical approach informed by conventional content analysis.[1]

Before the stakeholder meeting, the RWE research analysts journaled about and explicitly reflected upon how their pre-existing knowledge, past experiences, and assumptions might influence their analysis of the data. They used this activity and frequent discussions throughout the analytical process to challenge initial thoughts and assumptions grounded in their past experiences and assumptions rather than the data.

During the multi-stakeholder meeting, the RWE research analysts made memos detailing initial thoughts and reflections. The audio recording of the meeting was automatically transcribed using Otter AI.[2] The audio recording and transcript were uploaded and stored on a secure CADTH Sharepoint folder. To ensure accurate transcription and to promote prolonged engagement with the data, the RWE research analysts read the transcript

alongside the recording, making modifications as necessary. They removed identifying information (e.g., names, places of employment or treatment) from the transcript at this time. They also removed identifying information from an exported text file of the zoom chat.

The RWE research analysts independently read and re-read the cleaned transcript, highlighting words and statements that captured concepts relevant to the meeting objectives.[1] During this process, they continued to make memos highlighting initial thoughts and impressions.[1] The RWE Research Analysts then independently coded stakeholder responses in the transcript and exported the meeting chat using the qualitative data analysis software NVivo (Release 1.6.1, January 2022),[3] labelling lines according to key content and concepts.[1] They only assigned codes to lines relevant to addressing the objectives of the stakeholder meeting. They sorted initial codes into emergent categories and subcategories based on the relationship between codes.[1] After each coder completed this process, they met to discuss the codes and emergent categories were identified. Discrepancies in coding and categorizing were resolved through discussion grounded in the transcript content and meeting objectives. The analysts chose one NVivo coding file to update together, according to the agreed-upon codes and categories. They used this file to write descriptions of the content captured under each code and category, and subsequently used these descriptions to produce a summary of findings.[1]

During the stakeholder meeting, stakeholders spontaneously offered insights into some remaining unmet needs, challenges, and gaps for pLGG care. Although these insights went beyond the scope of the meeting objectives, a single coder independently coded and categorized this additional information using an analytical process reflective of the process detailed and reported previously. These insights were reported as additional findings in the summary report, and will be used to inform and guide future RWE work on rare diseases at CADTH.

After the summary of findings was written and reviewed by project team members, a final check of the summary was done by 1 coder, who referred back to the transcript to verify the accuracy of each summarized point. The coder updated the document as appropriate to reflect the participants' wording and messages as closely as possible. The finalized summary was then sent out to all stakeholders who participated in the multi-stakeholder meeting for review. The stakeholder reviewers were instructed to validate the summary of what was discussed during the multi-stakeholder meeting, focusing their reviewer comments on accuracy and missing information.

After stakeholder feedback was received, any missing information identified by stakeholders was verified by a review of the transcripts. Any information that was added in the feedback but not mentioned during the meeting was noted and will inform future CADTH initiatives to optimize the use of RWE to support decision-making about the care for rare diseases. Please refer to the Multi-stakeholder Dialogue report for key findings from the qualitative analysis, summarized in the Learnings from Multi-stakeholder Dialogue: Indicators and Outcomes section.

References

1. Hsieh, H.-F. & Shannon, S. E. Three Approaches to Qualitative Content Analysis. *Qualitative Health Research* 15, 1277-1288 (2005).
2. Otter.ai (2016).
3. QSR International Pty Ltd. (2022) NVivo (released in January 2022), https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/home.