



How CADTH Uses Patient and Clinician Perspectives

Examples from January to June 2023

Our reports and recommendations include high-level summaries of what we hear from patients, caregivers, and clinicians. More importantly, staff and expert committees consider patient and clinician perspectives during appraisal and deliberation. Between January and June 2023, patients and clinicians were involved in 48 Reimbursement Reviews, 5 Health Technology Reviews, 1 Horizon Scan, and 3 Scientific Advice projects. Read on to learn how patient and clinician insights are used for various purposes.

Why: To explore if clinical and economic evidence within the review address patients' needs.

Example of how: "After speaking with an individual with lived experience with nabilone as a treatment for post-traumatic stress disorder, the outcomes that were identified as important to patients included anger, aggression, anxiety, and sleep quality. Although the primary studies summarized in the previous CADTH reports evaluated the potential impact that nabilone could have on sleep-related outcomes, there appears to be little published literature on the effects of nabilone on anger, aggression, and anxiety in adults with post-traumatic stress disorder." (Conclusions and Implications for Decision or Policy-Making, [Health Technology Review](#))

Example of how: "The clinical experts consulted by CADTH anticipated that, based on the CHRYSALIS results and on poor results with existing treatment options in clinical practice, [drug] would likely offer improved and clinically meaningful benefits compared with currently available therapies." (Interpretation of Results, [Reimbursement Review](#))

Example of how: "Patients expressed a need for treatments that can effectively control intravascular hemolysis, reduce extravascular hemolysis, improve anemia, reduce or eliminate transfusion requirements, and improve fatigue and quality of life. CDEC concluded that [drug] treatment met some of the needs identified by patients in terms of improving anemia and reducing transfusion needs." (Rationale for the Recommendation, [Reimbursement Recommendation](#))



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Why: To better understand the impact of illness on a person's life.

Example of how: "People living with type 2 diabetes mellitus (T2DM) and their loved ones consistently described how the condition demands intensive self-management from which there is 'no vacation.' They stressed that this self-management requires interminable thought and time devoted to planning, monitoring, and responding to diet, physical activity, blood glucose and stress levels, medical appointments, and medications. As 1 person with T2DM explained, "It is an ongoing job, constantly testing [blood glucose], watching what you eat, making sure you get some exercise. A never-ending chore that you need to do to stay alive." (Findings, [Health Technology Review](#))

Why: To appreciate the goals of treatment and what it means for these to be met or missed.

Example of how: "Urinalysis was identified as a test that is frequently ordered without clinical indication (e.g., without signs or symptoms of a urinary tract infection or hematuria) and as having a high false-positive rate in inpatients due to the methods used for sample collection. Experts emphasized the risk for harms associated with overtesting, as false-positive results may lead to unnecessary treatment with antibiotics and potential *Clostridium difficile* infection. The patient partners shared some of their views and experiences related to urinalysis, which included that urine samples are often collected without a clear understanding of why the test is being done." (Discussion and Conclusions, [Health Technology Review](#))

Example of how: "Patients identified an unmet need for additional second-line treatment options for metastatic small cell lung cancer (SCLC) that can prolong survival, delay disease progression, manage cancer symptoms, and maintain health-related quality of life while having minimal side effects. Patients emphasized that stopping or delaying disease progression was the most important factor in choosing treatments and that they were more receptive to the potential side effects of efficacious therapies. Patients who had experience with [drug] felt that the drug had reduced or stabilized tumour size, delayed disease progression, helped them continue or resume activities of daily living, including employment, and had more manageable side effects and a shorter recovery time compared with other SCLC therapies they had received." (Stakeholder Perspectives, [Reimbursement Recommendation](#))

Why: To interpret clinical trial results.

Example of how: "Patients expressed a need for treatment that can preserve vision. pERC discussed that while vision preservation is not an outcome measured in Study 202, according to the clinical expert, treatment with [drug] did not translate to vision preservation as vision loss may be due to local tumour or radiation." (Rationale for the Recommendation, [Reimbursement Recommendation](#))



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Why: To help CADTH appraise the sponsor's economic model.

Example of how: "The clinicians noted that the early breast cancer treatment strategy depends on the subtype of breast cancer and the prognostic and predictive factors of the tumour and patient characteristics. For triple-negative breast cancer (TNBC), the new standard of care for stage II and III disease is chemotherapy with paclitaxel, carboplatin, doxorubicin, and cyclophosphamide, plus pembrolizumab during the treatment and continued as monotherapy after surgery. However, [drug] is not yet funded in Canada. The clinicians agreed that patients must have confirmation of a germline breast cancer susceptibility gene (gBRCA) mutation before receiving olaparib; however, the clinicians noted that current guidelines for breast cancer susceptibility gene (BRCA) mutation testing are restrictive regarding eligibility criteria." (Economic Review, [Reimbursement Review](#))

Why: To identify use, equity, or ethical considerations.

Example of how: "The clinical experts noted to CDEC that given the heterogeneity in the disease and the individualized approach to treatment, decisions often involve a multidisciplinary team of pediatricians, neurofibromatosis experts, neurooncologists, and nurse practitioners. The clinical experts also emphasized the importance of consulting with other specialists, including surgeons, cardiologists, ophthalmologists, and pharmacists, for the management of alternative treatment options, adverse effects, and drug interactions. CDEC recognizes that some jurisdictions might not have access to enough specialists to implement this recommendation, so public drug plans should consider whether a pan-Canadian approach would be feasible. This could include leveraging clinical expertise in larger jurisdictions through the establishment of a centralized panel or committee of neurofibromatosis specialists who could assess response to treatment." (Discussion Points, [Reimbursement Recommendation](#))

Why: To identify the impact on or barriers to treatment.

Example of how: "After speaking with an individual with lived experience with a dental bridge, the outcomes that were identified as important were function, durability (breaking or chipping), and the cost of treatment, repair, and replacement of a dental bridge. [...] The financial implications of obtaining, repairing, and replacing a bridge were also a concern raised. This highlights equity issues for individuals without private insurance or with limited income. This outcome related to the potential personal financial burden of repairing or replacing a dental bridge was not reported within the studies in this report and may highlight a potential gap in the evidence." (Conclusions and Implications for Decision or Policy-Making, [Health Technology Review](#))



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Why: To identify technologies and issues of impact.

Example of how: “CADTH’s 2023 Watch List presents the top 10 precision medicine technologies and issues that have the potential to make a significant and meaningful impact in transforming health systems in Canada over the next 5 years. [. . .] The final items on the 2023 Watch List were selected by a panel through a consensus-based decision-making process. The panel brought together diverse views and experiences, and included patient partners, people with lived experiences, policy and legal experts, researchers, industry representatives, and health care professionals from across Canada.” (Key Messages, [Horizon Scan](#))

Thank you to the patient groups that contributed to recommendations published from January to June 2023:

ALS Society of Canada, Answering Thrombotic Thrombocytopenic Purpura Foundation, Aplastic Anemia and Myelodysplasia Association of Canada, Arthritis Consumer Experts, Arthritis Society Canada, Asthma Canada, atypical Hemolytic Uremic Syndrome Canada, Canadian Arthritis Patient Alliance, Canadian Association of Paroxysmal Nocturnal Hemoglobinuria Patients, Canadian Breast Cancer Network, Canadian Cancer Society, Canadian Cancer Survivor Network, Canadian Council of the Blind, Canadian Fibrodysplasia Ossificans Progressiva Network, Canadian Heart Patient Alliance, Canadian Liver Foundation, Canadian Mental Health Association - Alberta Division, Canadian National Institute for the Blind, Canadian National Institute for the Blind, Canadian Organization for Rare Disorders, Canadian Skin Patient Alliance, Canadian Spondylitis Association, Cholangiocarcinoma Foundation, Colorectal Cancer Resource and Action Network, Community-Based Research Centre, CreakyJoints, Crohn’s and Colitis Canada, Diabetes Canada, Eczéma Québec, Eczema Society of Canada, Fighting Blindness Canada, Gastroenterological Society, Gastrointestinal Society, HeartLife Foundation, Hereditary Angioedema Canada, Institute for Advancements in Mental Health, Kidney Foundation of Canada, Leukemia and Lymphoma Society of Canada, Lung Cancer Canada, Lung Health Foundation, Lupus Canada, Lupus Ontario, Lymphoma Canada, Melanoma Canada, Menopause Chicks, Migraine Canada, Migraine Quebec, Mood Disorder Society of Canada, Myeloma Canada, Oxalosis and Hyperoxaluria Foundation, Regroupement québécois des maladies orphelines, Rethink Breast Cancer, Save Your Skin Foundation, Schizophrenia Society of Canada, Sickle Cell Awareness Group of Ontario, St. Paul’s Hospital, Thalassemia Foundation of Canada, Tumour Foundation of British Columbia, and Vision Loss Rehabilitation Canada.

Thank you to the clinician groups that contributed to recommendations published from January to June 2023:

Allan Blair Cancer Centre, British Columbia Cancer Agency, Canadian ALS Research Network, Canadian Apheresis Group, Canadian Cancer Society, Canadian Consortium for Early Intervention in Psychosis Group, Canadian Consortium of Sleep and Sleep Interested Physicians, Canadian Dermatology Association, Canadian Gastrointestinal Oncology Evidence Network, Canadian Headache Society, Canadian Hemoglobinopathy Association, Canadian Hereditary Angioedema Network, Canadian Myeloma Research Group, Canadian Network for Improved Outcomes for Systemic Lupus Erythematosus, Canadian Paroxysmal Nocturnal Haemoglobinuria Network, Canadian Pediatric Brain Tumour Consortium, Canadian Retina Society, Canadian Rheumatology Association, Canadian Thoracic Society, Cardio1, Cell Therapy Transplant Canada, Dermatologist and Allergist Group Managing Atopic Dermatitis, Division of Cardiology, Eastern Canada Retina Specialists, Genitourinary Cancer Drug Advisory Committee, Genitourinary Disease Site Group of the Cancer Centre of Southeastern Ontario, Hematology Cancer Drug Advisory Committee from Ontario Health-Cancer Care, LMC Diabetes and Endocrinology, Lung Cancer Canada, Lymphoma Canada, North Shore Heart Centre, Ontario Health – Cancer Care Ontario, Ontario Health – Cancer Care Ontario Breast Cancer Drug Advisory Committee, Ontario Health – Cancer Care Ontario Complex Malignant Hematology Group, Ontario Health – Cancer Care Ontario Gastrointestinal Cancer Drug Advisory Committee, Ontario Health – Cancer Care Ontario Gynecology Cancer Drug Advisory Committee, Ontario Health – Cancer Care Ontario Hematology Cancer Drug Advisory Committee, Ontario Health – Cancer Care Ontario Lung Cancer Drug Advisory Committee, Ontario Health – Cancer Care Ontario Skin Cancer Drug Advisory Committee, Origins Dermatology Centre, Ottawa Hospital Cancer Centre – Genitourinary Oncology Group, Pan-Canadian Inflammatory Bowel Disease Specialist Group, Pediatric Oncology Group of Ontario, Provincial Breast Tumour Group – Alberta, Retina Society of Alberta, The Ottawa Hospital Cancer Centre, Toronto Lupus Program, and the University of Alberta.

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■ Disclaimer

CADTH is a not-for-profit organization responsible for providing Canada's health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs and medical devices in our health care system.

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