



Open source workflows for HTA insights and implications from a pharma industry survey

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Acknowledgement

Rest of HTA ESIG Open Source subteam

- Cedric Revil (MSD)
- Ian Bridges (Amgen)
- Iain Bennett (AbbVie)

Disclaimer



Views and opinions expressed are those of the authors only and do not necessarily reflect those of their companies



What will I tell you?



2 There is a window of opportunity with EU HTA coming

3 A concerted effort is needed to build momentum

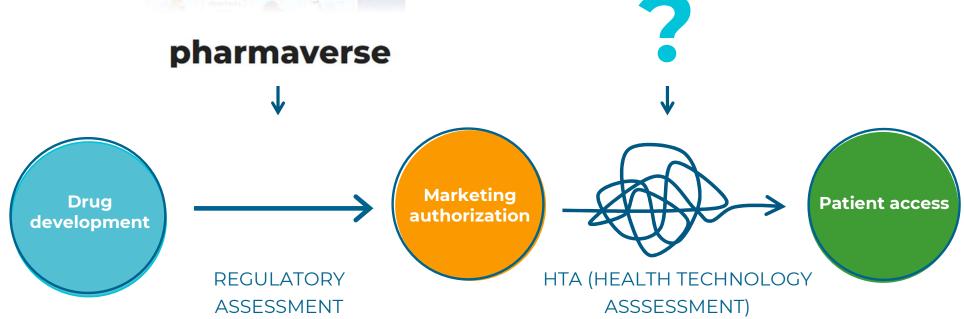
https://pharmaverse.org/charter/



+ More robust and well-thought-out solutions



- + Greater potential to bring unified solutions to regulators
- + Better enablement of our medicines to reach patients and society faster through the pooling of skills and talents
- + Talent attraction and increased transparency of our industry





Open source in HTA

HTA transparency focus aligns with the open source mindset; also, open source tools and co-creation have precedence in HTA

HTA is a **transparent and accountable process** that can be used by decision

makers and other stakeholders to support the decision-making process in health care at the policy level by providing evidence about given technologies https://www.who.int/health-topics/health-technology-assessment



R routinely used in NICE Decision Support Unit Technical Support Documents

'R for HTA' academic consortium (R in cost-effectiveness models)



"

Collaboration set up by Duchenne UK (patient charity) to **develop tools** and evidence to support HTA, bringing together patient orgs, clinicians, academics, pharma, HTA agencies and other advisers





NICE Pathways Pilot: **reference health economic models** for renal cell carcinoma (model available on GitHub for stakeholders)



Pan-European HTA from 2025

will bring challenges in terms of volume and urgency of statistical work – but also opportunities for working smarter



Population Intervention Comparators Outcomes









Evidence dossier addressing needs of all member countries (subgroup analyses, indirect treatment comparisons etc)

'WORK SMARTER' QUESTIONS

that HTA Open Source could help to address

- How can we build robust automation/ standardization to help deliver required analyses with short timelines?
- How can industry contribute proactively yet 'at arms length' to **advocate and shape best practice** around statistical analyses for EU HTA?
- How can we shape analytics approaches which best enable **mobility and agility** within and across companies?
- How can we use tools and software to cultivate best practice within and across organizations?

HTA ESIG Open Source survey (autumn 2023)

Small anonymous survey within the ESIG (1 response per company), aiming to understand how organizations are currently operating/expect to operate

Summarize



Survey + results

HTA ESIG: HTA Open Source survey - need your help again!



AGTR (Anders Gorst-Rasmussen) To Crawford, Emma; Wolfson, Lara J.; Achim Steup; Alexandra Thiele; Angela Emser; +69 others Cc htasig@psiweb.org

(i) You replied to this message on 21-09-2023 13:15.



Dear members of the HTA ESIG,

Thanks a lot to the all of you who answered the survey about pre-specification. We received 14 responses and will report back to the full SIG on the results later in the autumn.

HOWEVER: we need your help again with another survey!

This one pertaining to open source solutions (tools and reporting frameworks) in HTA

https://forms.office.com/e/7Ur93R1VJv

16 responses

87% pharma, 13% contract research organization37% use primarily R





Medium (31%) to high (69%) opportunity seen for automation and standardization for further HTA work



63% considering development of new tools for the EU HTA Joint Clinical Assessment procedure



Key areas for tool development: Indirect Treatment Comparisons/Network Meta Analysis and standardization/automation



Main barriers: resources, lack of experience/ upskilling, and IT infrastructure



Barriers for open source in HTA

Discussions in the HTA ESIG Open Source subteam

Do we have sufficiently specific, shared cross-company objectives in HTA?	To gain momentum and requires clear shared objectives to drive broad adoption (think: mmrm package for R)
Standardizing vs templating	The more heterogeneous and dynamic nature of HTA statistical work may require different tactics compared to the more standardized regulatory statistical setting
Is now the right time?	Guidance around EU HTA is being finalized; companies are still deciding how to strategically adopt it in workflows
Are external incentives too limited?	While regulatory authorities such as FDA are increasingly interested in open source, there is comparatively less interest from HTA bodies





Question 1 – most promising collaboration targets? *Rank the options below from top to bottom*

Tools for end-to-end HTA analysis and reporting

Tools for indirect treatment comparison analyses e.g. NMA, MAIC, ML-NMR etc

Other specialized HTA statistical analyses

Question 2 – biggest barriers? Rank the options below from top to bottom

Heterogeneity of HTA statistical work (compared to regulatory statistical work)

Lack of familiarity with open source

Unclear business case and/or lack of resources

https://github.com/hta-pharma/

HTA Pharma For open-source and high-quality R tools to be used in HTA and market access space of pharmaceutical and biot Overview Repositories s Discussions Projects 1 OP Packages A People	ech
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Case I: maicplus

Cross-company collaboration on a new package for Matching Adjusted Indirect Treatment Comparison

Aim: collaborate on implementing a high quality open-source MAIC for HTA statisticians

Achievements

- Implements comprehensive analysis and visualization tools, including anchored and unanchored for time-to-event and binary outcomes
- ✓ Open source available on GitHub and standard software engineering checks performed
- \checkmark Combines good practices and use cases of MAIC from each company

Learnings from challenges

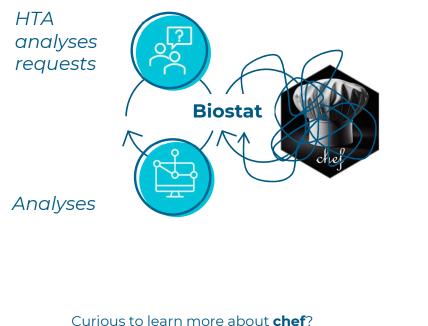
- Requires project management skills to coordinate effective collaboration of contributors
- Onboarding new developers takes time to adapt to best practices
- ✓ Conflicts may arise due to differences in expected use and software design across companies
- Progress depends on contributor's overall workload, continued motivation and allocated time

Chen, G., Seo, M., Antoniou, M., Belleli, R., Kalyvas, C. and Gravestock, I., 2023. SA83 {Maicplus}: An R Package to Support Analysis and Reporting of Matching Adjusted Indirect Treatment Comparisons (MAIC) for HTA Dossiers. Value in Health, 26(12), p.S558.

Case II: chef



An open source framework to build modular analysis pipelines for HTA, originally built within German HTA submissions (AMNOG) in mind



Visit the poster session later today!

From Novo Nordisk internal framework to open source

Building a great technical solution is one thing – getting it out there **and** leveraging that it's out there is a very different thing!

- Business case and legal considerations for open sourcing a functional, internally developed setup
- Choice of license (how restricted vs open)?
- Contributor identity (personal vs company)?
- Hosting options?



Concluding remarks



- There is a window of opportunity with EU HTA coming
- A concerted effort is needed to build momentum



<u>Mini-survey – results</u>

htasig@psiweb.org

"We are a community dedicated to leading and promoting the use of statistics within the healthcare industry for the benefit of patients."

Want to get involved?

Join the HTA

ESIG today!



Question 1 – most promising collaboration targets? *Rank the options below from top to bottom* **Question 2 – biggest barriers?** Rank the options below from top to bottom

