

# How CADTH Uses Patient Perspectives

## Examples From September to December 2021

High-level summaries of what we hear from patients and caregivers are included in our reports and recommendations. More importantly, patient perspectives are considered by staff and expert committees during appraisal and deliberation. Read on to see how patient insights are used to achieve a range of different purposes.

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

**Example of how:** "Input from patient groups indicated that patients desire accessible and affordable treatment options that offer delayed disease progression, effective treatment for brain metastases, improved quality of life, and prolonged survival. Given the totality of the evidence, pERC concluded that [drug] met some of the needs identified by patients because it provides an additional treatment option with improved progression free survival and overall survival and no deterioration in quality of life; and fulfills an unmet need for treatment of patients with brain metastases." (Rationale for Recommendation, [Reimbursement Recommendation](#))

**Example of how:** "Patients expressed the need for a treatment that reduces transfusion burden and symptoms and improves health-related quality of life (HRQoL). Based on the evidence reviewed, [drug] may increase red blood cell transfusion independence. However, CDEC could not conclude whether [drug] improves HRQoL." (Rationale for Recommendation, [Reimbursement Recommendation](#))

**Why:** To better understand the impact of illness on a persons' life.

**Example of how:** The researchers were made aware of the importance of several outcomes and themes. In particular, the relevance of the research question for patients and connections between the quality-of-life outcomes (i.e., the connection between pain, disrupted sleep, and fatigue) were confirmed. She explained why some of the more technical outcomes (such as degree of ischemia) were important to people and their treatment goals, and daily activities. ([Health Technology Review](#))

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

**Example of how:** "In their input to CADTH, patients expressed a desire for treatments that prevent osteoporosis-related fractures because of the substantial impact that fractures, and the fear of fractures, have on patients' lives." (Rationale for Recommendation, [Reimbursement Recommendation](#))

**Example of how:** “The clinical expert and patients noted that reductions in body weight or body mass index alone are less clinically meaningful than responses to treatment that include improvement in weight-related comorbidities (e.g., hypertension, dyslipidemia, obstructive sleep apnea), improved quality of life, improved survival, prevention of progression of preclinical conditions (e.g., reduced progression from prehypertension to hypertension), reduced cardiovascular and renal events, and reduced osteoarthritis symptoms. These outcomes were also identified as important based on patient group input provided to CADTH.” (Discussion Points, [Reimbursement Recommendation](#))

**Why:** To identify important evidence gaps.

**Example of how:** “A patient with lived experience with secondary Raynaud phenomenon and digital ulcers was involved in this report, and they identified outcomes that are important to patients with secondary Raynaud phenomenon and/or digital ulcers. These outcomes included pain, digit loss, fatigue, mental health, and function. None of the studies or guidelines in this report included direct measures of these patient-identified outcomes.” ([Health Technology Review](#))

**Why:** To interpret clinical trial results.

**Example of how:** “The outcomes assessed in the included trials were appropriate and clinically important. Outcomes such as productivity, exercise tolerance, and patient satisfaction were considered important by the patient groups that provided stakeholder input for this review.” (Critical Appraisal, [Reimbursement Review](#))

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

**Example of how:** “The sponsor’s base-case analysis compared [drug] to best standard of care (i.e., no active treatment to prevent attacks), which is reflective of current clinical practice, based on the patient and drug plan input.” (Pharmacoeconomics, [Reimbursement Review](#))

**Why:** To contribute evidence outside of clinical trials.

**Example of how:** “The clinical experts consulted by CADTH, the clinician groups who provided input, and the patient group input received by CADTH also noted that [drug] has been shown to be beneficial for patients whose lung function has deteriorated to the extent where they have been referred to the lung transplant waiting list, noting that many improved to the point where they no longer required transplantation.” (Interpretation of Results, [Reimbursement Review](#))

**Example of how:** “As discussed in the Patient Engagement section of this report, informal caregivers provide important supports to patients participating in remote monitoring programs for cardiac conditions. Families who collaborated with CADTH on this report shared that the informal caregivers (the spouse) carried the main responsibility and burden for remote monitoring in the home. Caregivers learned to use the device, arranged for it to be connected, and made sure it was connected properly. Informal caregivers communicated with the nurse and, in the case of cardiac rehabilitation, arranged for the monitor to be returned after the monitoring period was over. Despite this, the Perspectives and Experiences Review found a conspicuous absence of information about how the lives of family and household members are affected by the presence, use, and demands of remote monitoring in their homes. This knowledge gap was also identified in the Realist Review and the Ethics Review.” (Discussion, [Health Technology Review](#))

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

**Example of how:** “pERC noted that this complex therapy may pose significant hardship and financial burden, and inequitable access to patients and caregivers who have to travel to distant centres.” (Discussion Points, [Reimbursement Recommendation](#))

**Example of how:** “Patient and clinician input to pERC recognized that, if funded, [drug] would address the unmet need for therapies for patients who have failed autologous stem cell transplant (ASCT) or ASCT-ineligible patients who have had no publicly funded access to novel therapies. pERC noted that reimbursement of [alternative drug] for patients who are not candidates for ASCT because of age, comorbidities, or refractoriness to salvage therapy is not uniform across Canada and agreed that this has resulted in a significant treatment gap for this subgroup of patients in most provinces.” (Discussion Points, [Reimbursement Recommendation](#))

**Why:** To build capacity for patient, research, health policy, and HTA communities to share experiences and ideas.

**Example of how:** Ten members of the patient community reviewed abstracts, provided comments, and recommended abstracts for presentation at the Symposium. Every abstract is reviewed by at least 1 patient and their input is instrumental in developing and finalizing program content. The Symposium featured 2 plenary sessions, 5 breakfast sessions, 16 panel sessions, and 36 oral presentations. Members of the patient community presented in 11 sessions of the total 69 sessions. ([Proceedings of the 2021 CADTH Symposium](#))

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## ABOUT CADTH

CADTH is an independent, 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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