April 2018

**Tune in to Tunis**

*An Update from CMTP President & CEO Sean Tunis*

Through our Green Park Collaborative program, CMTP is launching a project to develop a set of core outcomes for nonalcoholic steatohepatitis (NASH). The
goal is to conduct a rigorous multi-stakeholder consensus process to establish a minimal set of outcomes essential to collect in all late phase drug intervention studies for NASH.

NASH is a chronic liver disease that is estimated to affect over 15 million adults in the United States. By another name, NASH is fatty liver disease in people who do not drink significant amounts of alcohol. The etiology is not well understood, but risk factors for the condition include obesity, diabetes, and dyslipidemia. There are currently no Food and Drug Administration (FDA) approved pharmacologic therapies for NASH. Treatment generally entails addressing these underlying risk factors – especially pursuing lifestyle interventions for weight loss.

Given this background, some observers question whether NASH is a disease at all, or whether it is one of many sequelae of poorly managed weight or other comorbidities. Yet, as the burden of associated chronic conditions continues to rise, the prevalence of NASH also increases, and the consequences of ignoring it are substantial. NASH is projected to surpass chronic hepatitis C infection as the primary indication for liver transplantation by 2020. Failure to address this growing challenge therefore has significant public health consequences, as well as associated health system cost impacts.

While no approved therapies yet exist, a series of off-label treatments are often attempted. These include weight loss drugs, Vitamin E, statins, metformin, and pioglitazone. Some of these approaches are associated with significant risks and side effects, and all of them offer only marginal benefits. However, several new pharmacologic treatments are now in clinical development, including one that has earned a breakthrough designation from the FDA.

Accordingly, much attention has been focused on regulatory pathways for new therapies. But with rising disease prevalence, potentially important long-term health and health system impacts on the horizon, and promising new therapies in development, now is the time to ask how these treatments should be evaluated by payers, health technology assessment organizations, and other “post-regulatory” decision makers. An understanding is needed of which study outcomes are most important to include in the assessment of the comparative effectiveness and value of these new treatments. Patients with the condition are generally non-symptomatic until the condition has progressed to an advanced stage; but symptoms are associated with many of the comorbid conditions, and some of these conditions are affected by new NASH therapies.
conditions, and some of these conditions are affected by new NASH therapies in development. How should patient experience inform clinical outcome selection? In addition, given this lack of symptomatology, a series of biomarkers are under development for diagnosis and assessment of the disease. What concerns or priorities of patients or payers might help to inform biomarker selection for clinical trials and ultimate clinical use?

It is critical to have these conversations early in the drug development process, to allow time for adjustments in clinical development plans if needed. The GPC NASH project is launching in April and will be completed on a rapid timeline – 9 to 12 months – to assure that the results are available in a timely fashion to innovators developing new therapies. Agreement on a core set will not limit the ability of investigators to study additional outcomes. But using an agreed core outcome set will provide greater assurance for investigators that the most relevant outcomes are consistently available for assessments of effectiveness and value of new products across the health system.

COMET Study Update

CMTP recently hosted the COMET Study’s second in-person Stakeholder Advisory Board (SAB) meeting. The COMET Study, which stands for Comparison of Operative to Monitoring and Endocrine Therapy for Low Risk DCIS, is currently enrolling women with low-risk ductal carcinoma in situ (DCIS) in a phase III randomized clinical trial. COMET currently has 50 cancer study sites throughout the country, with 40 additional sites that will be activated shortly. CMTP’s manages a Stakeholder Advisory Board (SAB) of diverse participants, including patients, clinicians, payers, and other healthcare stakeholders. The SAB provides advice and insights to the study investigators throughout the research process.

CMTP at ISPOR

CMTP Staff will be presenting the following sessions at ISPOR 2018.

Issue Panel
Tuesday, May 22, 11 AM – 12 PM
How Important are Core Outcome Sets to Measuring Value of Innovative New
Drugs?
Panelist: Sean Tunis

Posters

**Poster Session I, Monday, May 21**
First Steps in Choosing Appropriate Instruments/Measurements for a Core Outcome Set: An Example from coreHEM
Authors: Sean Tunis, Elizabeth Clearfield, Donna Messner, Jennifer Al Naber

**Poster Session II, Tuesday, May 22**
Core Outcome Sets in Clinical Research: What are They and How Can They Help Decision Makers
Authors: Rachael Moloney, Donna Messner, Jennifer Al Naber, Sean Tunis

Recent Publications

**Choosing Important Health Outcomes for Comparative Effectiveness Research: An updated systematic review and involvement of low and middle income countries.**


View Online

**Paying for Cures: Perspectives on Solutions to the “Affordability Issue”**

Framing the Conversation: use of PRECIS-2 ratings to advance understanding of pragmatic trial design domains