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Rapid HTA reviews in cancer guideline development

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Objective: Cancer guidelines are currently developed through a collaborative process between oncology groups, HTA-doers (NOKC) and decision makers (Directorate for health). Treatment options for patients with cancer are rapidly evolving. To meet the need for rapid guideline update we have developed a programme to identify new and costly cancer interventions, and rapid HTA processes to assess efficacy, cost impact or cost effectiveness modelling.

Methods: Rapid HTA follow a standard EBM methodology with defined literature searches, quality assessment. Evaluation of cost impact, or cost effectiveness are assessed through NHS EED as well as the websites of other HTA insitutions.

Results: We have established a rapid HTA process to facilitate rapid updating of guidelines for new and costly cancer interventions. Guideline groups (medical oncologist) alert when there is a need for assessing new technologies, before these technologies are introduced into clinical practice. NOKC and representatives from the guideline group undertake a rapid assessment of clinical effectiveness, safety and cost implications within 1-2 months.

At present we have completed three rapid reviews to update cancer guidelines:

- The use of Lapatinib in metastatic breast cancer.
- The use of Bevacizumab in metastatic breast cancer.
- The use of Relistor for opioid-induced constipation in patients who are receiving palliative care.

A rapid review on the use of PET/CT for non–small cell lung cancer is ongoing.

Conclusion: We have established a process for early and rapid assessment of new and costly cancer treatments. Collaborative network between guideline developing groups (oncologist) and NOKC are assessing new technology. The Directorate for health affairs use the rapid updates in their decision making process when updating recommendations in National cancer guidelines.