

Medecine personnalisée

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Différentes définitions

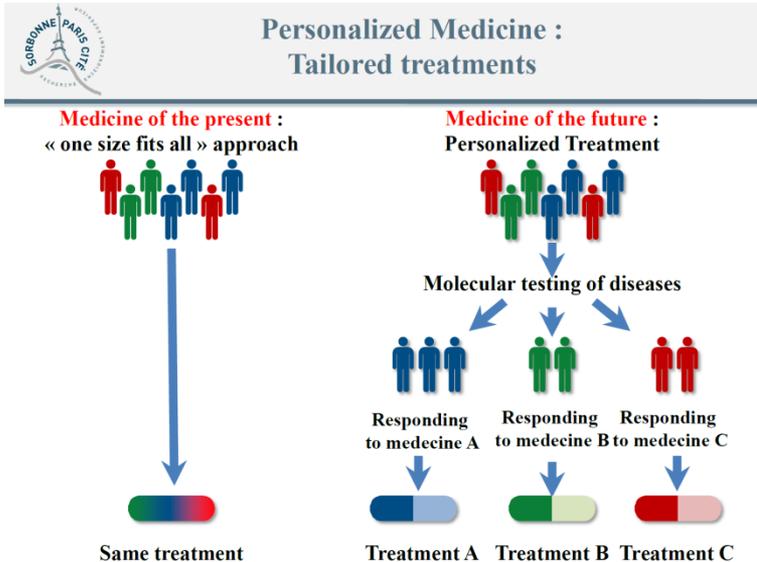
- ➔ Personnalisée, stratifiée, de précision
- ➔ Une signification différente selon le périmètre

- ➔ Patient = traitement adapté
- ➔ Système = intégrer les préférences des patients dans l'organisation du parcours de soins
- ➔ Recherche= co design

Patient

- ➔ Nouvelles technologies pour atteindre les objectifs classiques de la médecine
- ➔ Séquençage
- ➔ Thérapies ciblées
- ➔ E-health & nudging

Niveau patient: résultats à confirmer



Pharmacogenomics and Clopidogrel Irrational Exuberance?

Steven E. Nissen, MD

JAMA The Journal of the
American Medical Association

- FDA Warning reflected a case of « irrational exuberance »
- « Overzealous adoption based on limited biochemical data does not serve the public interest »

There Is Nothing Personal

Ioannidis¹ nicely addressed key challenges of “personal” genetic prediction for common diseases. Expectations are huge in this domain. I argue that some of these expectations may be favored by the term *personal* and that it would be better to use the term *stratified*.²⁻⁴

JAMA Internal Medicine

Formerly Archives of Internal Medicine

Arnaud
Chiolero, ISPM
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Niveau patient

FULL PAPER

BJC

British Journal of Cancer (2013) 108, 2250–2258 | doi: 10.1038/bjc.2013.207

Keywords: cost, cost-effectiveness; breast cancer; chemotherapy; decision impact

A decision impact, decision conflict and economic assessment of routine Oncotype DX testing of 146 women with node-negative or pN1mi, ER-positive breast cancer in the UK

S Holt^{1,2}, G Bertelli², I Humphreys³, W Valentine⁴, S Durrani⁵, D Pudney², M Rolles², M Moe², S Khawaja¹, Y Shariha¹, E Brinkworth², S Whelan², S Jones⁵, H Bennett³ and C J Phillips³

Table 6. Summary of cost-effectiveness results

	Current clinical practice	With Oncotype DX testing	Difference
Life expectancy (years)	14.73	14.89	0.16
Quality-adjusted life expectancy (QALYs)	11.39	11.54	0.14
Cost (GBP)	11847	12735	888
ICER (GBP per QALY gained)		6232	

Abbreviations: ICER = incremental cost-effectiveness ratio; QALY = quality-adjusted life year. Costs are presented in 2010 Pounds Sterling.

Table 4. Summary of decision impact results

Decision	Patient number	% Of patients	% Changed following Oncotype DX testing
HT only unchanged	73	51.41	—
HT changed to HT+CT	12	8.45	14.12
CT+HT unchanged	31	21.83	—
CT+HT changed to HT only	26	18.31	45.61

Abbreviations: CT = chemotherapy; HT = hormone therapy.

- Treatment change following oncotype DX testing affected 38/142 patients or 27%
- On the decisional conflict scale, all scores improved after testing
- Oncotype testing was found cost-effective

Impact of Next Generation Sequencing (NGS) on clinical practice in oncology

Sandrine BAFFERT, Patricia MARINO, Lionel PERRIER,
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Niveau patient: impact du NGS

- ➔ Review of 1,213 records of patients with melanoma, colorectal or lung cancer
- ➔ 79% had an identified mutation
- ➔ 40% had an actionable mutation
- ➔ 8% received a new targeted therapy
- ➔ 12% were included in a trial for an off-label drug

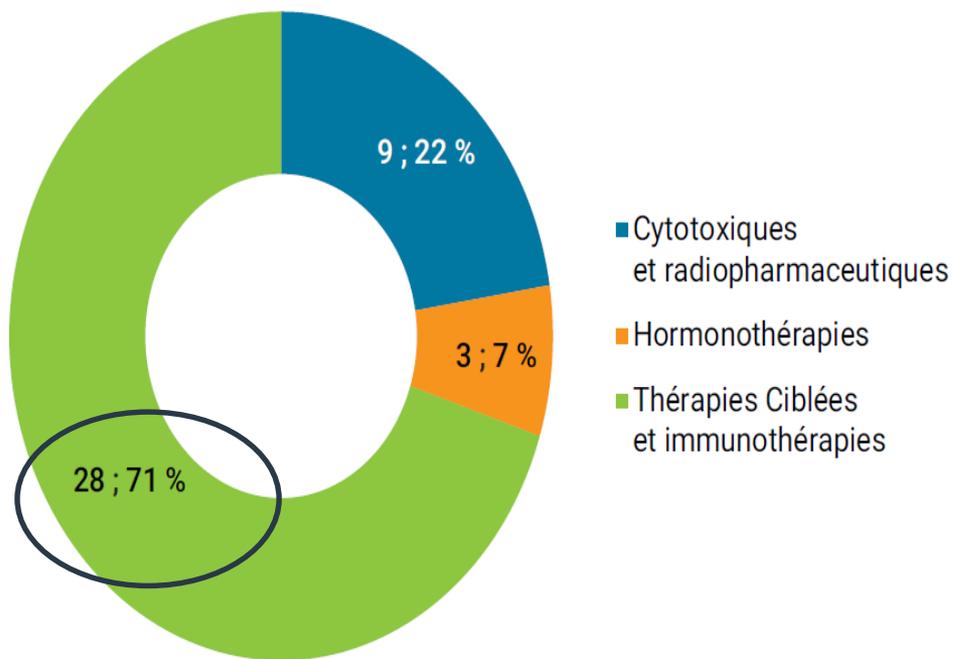


FIGURE 1 : Classes des molécules mises sur le marché pour la première fois sur la période 2010-2014

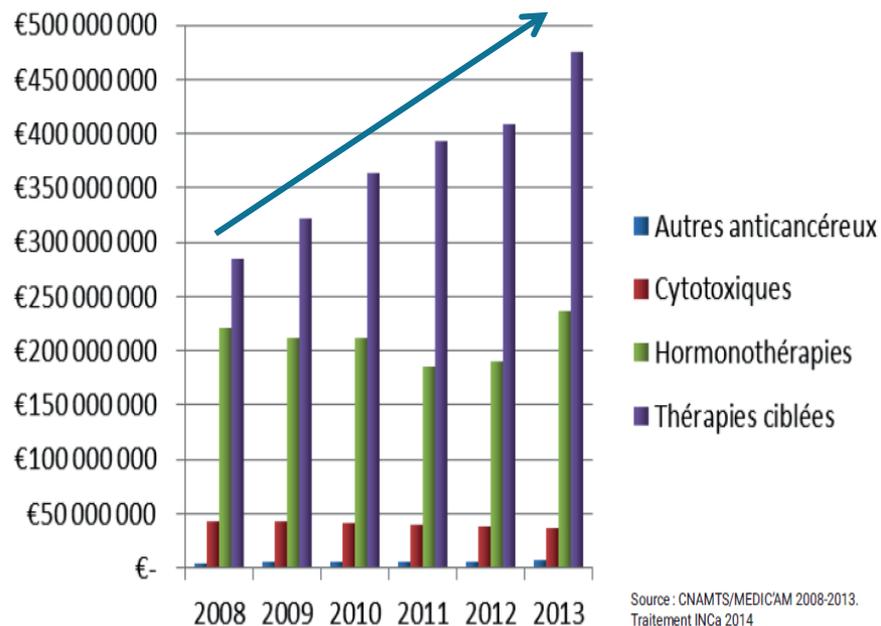


FIGURE 5 : Répartition des dépenses officinales selon les classes pharmacologiques de la chimiothérapie *per os*

KADCYLA® (Trastuzumab emtansine)

Date de validation par la CEESP : 11 mars 2014

Selon le modèle présenté par l'industriel, sur un horizon temporel vie entière (10 ans), le gain en année de vie (0,72) et en QALY (0,45) et le différentiel de coût (85 759 €) entre les deux stratégies conduisent à un ratio différentiel pour trastuzumab emtansine par rapport à l'association lapatinib + capecitabine de 191 661€ / QALY.

Un scénario (simulé par la HAS) où l'extrapolation des données de survie globale est fondée sur la date de la 2^e analyse intermédiaire et où les pertes de reliquat du trastuzumab emtansine sont prises en compte, conduit à un RDCR de 227 358 €/QALY.

Kidney cancer and antiangiogenics

- ➔ « Professor Peter Littlejohns, the clinical and public health director of Nice, said the institute took account of how much extra a new drug would cost to produce an extra year of healthy life. The four kidney drugs cost up to six times the normal NHS limit of about £30,000 a patient per quality-adjusted life year.
- ➔ He added: "Although these treatments are clinically effective, regrettably, the cost to the NHS is such that they are not a cost-effective use of NHS resources."

Renal cell carcinoma – bevacizumab, sorafenib, sunitinib and temsirolimus

- ➔ sunitinib vs IFN as first line therapy £71,462 per QALY
- ➔ bevacizumab plus IFN vs. IFN as first line therapy
£171,301 per QALY
- ➔ temsirolimus vs. IFN as first line therapy in patients
with poor prognosis £94,385 per QALY
- ➔ sorafenib vs. BSC as second line therapy £102,498 per
QALY

→ August 7, 2008

→ £35,000-a-year kidney cancer drugs too costly for NHS

→ **Veto on basis of price is outrage to kidney patients, says specialist**

→ U-turn as Nice approves NHS kidney cancer drug

→ Wednesday 4 February 2009

→ A kidney cancer drug rejected for [NHS](#) use will today be approved by the government's advisory body, after a furore that led to a change in the rules - but three others are still banned on the grounds that they do too little and cost too much.

→ While campaigners have hailed the decision by Nice, the National Institute for Healthcare and Clinical Excellence, as a U-turn, it is only a qualified victory.

→ Pfizer, the manufacturer of Sutent, is bringing down the cost of the drug by offering to pay for the first cycle of treatment. If it seems to be working, the NHS will then pay.

The sequel: (*BMJ* 2009;338:b3).

- ➔ NICE recommends kidney cancer drug it previously rejected on cost grounds
- ➔ NICE has recently introduced new arrangements for taking into account the added value that society puts on treatments that extend life.
- ➔ These state that treatments with demonstrable benefits in terms of survival can be recommended **for patients who are not expected to live more than 24 months**, even if the incremental cost effectiveness ratio exceeds the current limit of £30,000 per QALY gained

Systeme de soins

- ➔ Article 51
- ➔ Parcours du patient
- ➔ Coordination, pertinence, qualité, efficacité
- ➔ Paiement au parcours ou à l'épisode



Article 51

Sujet prioritaires:

- ➔ accouchement
- ➔ Chirurgie bariatrique
- ➔ Chirurgie orthopédique
- ➔ Insuffisance cardiaque

Value based payment for spine surgery in Stockholm

The Stockholm County Council uses Era Vision to manage bundled payment for spine surgery. Since 2014, provider organisations are paid a package price per patient that includes expected costs of complications. The package price is adjusted for patients' medical and socio-demographic preconditions as well as patient-reported pain reduction one year after surgery.

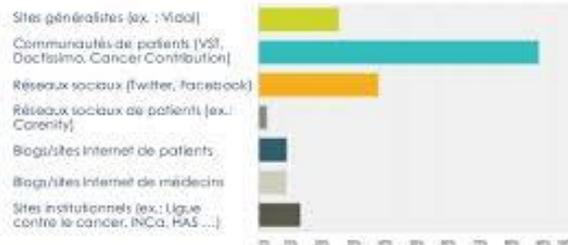


Recherche

- ➔ Identifier les sujets important pour les patients
- ➔ Choisir des critères de jugement
- ➔ Utiliser des sources de données qui incluent les préférences des patients
- ➔ Elaboration des protocoles avec les patients
- ➔ Impliquer les associations



Sur quel type de site allez-vous pour vous renseigner / discuter à propos de votre problème de thyroïde ?



Pulmonary Fibrosis
Patient Forum



Exemples

- ➔ Prep: co-design avec AIDES
- ➔ COMPARE « community of patients for research »
- ➔ IO Optimise: protocole de recherche incluant les patients sponsorisé par l'industrie



Eléments de discussion

- ➔ Le coût des thérapies ciblées
- ➔ Les promesses du séquençage
- ➔ Les approches 'non technologiques' de la médecine personnalisée