

PET and decision making for the surgical management of Non-Small Cell Lung Cancer.

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Overview

- framework for diagnostic test evaluation
- background to the evaluation of PET for NSCLC
- extending the HTBS model
- results
- broader messages

Hierarchy of HTA evaluation

- Technical efficacy
- Diagnostic accuracy
- Diagnostic thinking
- Therapeutic efficacy
- Patient outcome
- Societal efficacy

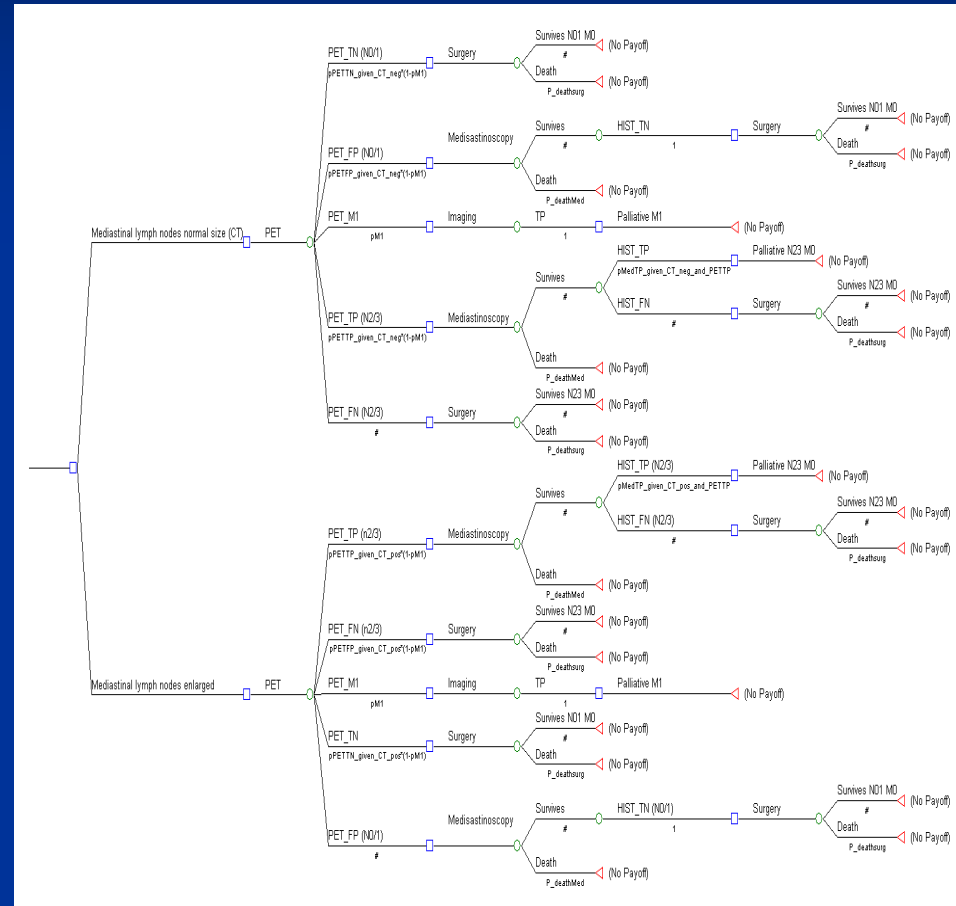


Frybeck D, Thornbury J,

Med Decis Making 1991; 11: 88-94

Main findings and recommendations of HTBS report (2002)

- Cost effectiveness depends on location of PET in clinical pathway
- PET more cost-effective in CT -ve patients than CT +ve patients and than in a "PET for all" strategy
- More information required on patient-related utilities.



Other studies

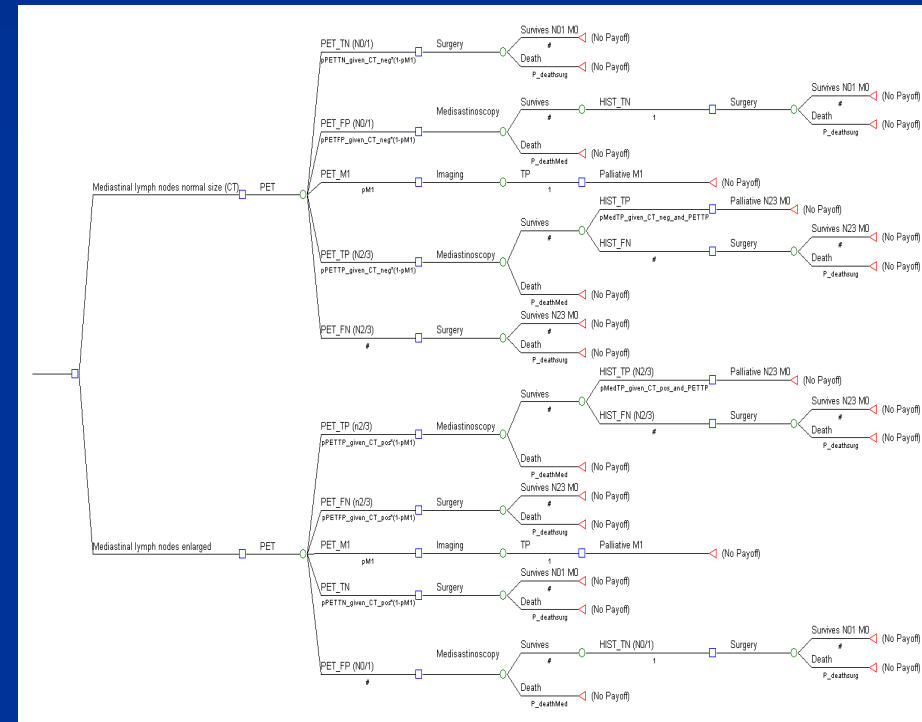
- Probably \approx 8-10 CE studies published
 - deterministic decision trees
- Key features of CE studies:
 - Benefit depends on the number of avoided futile thoracotomies
 - 60-65 year old man
 - Assumptions
 - LE following surgery 4.5 years
 - LE following chemo-radiation for N2/3 disease: 1.8 years
 - Utilities derived from oncologists
- Only two RCTs (conflicting results)
- A fresh meta-analysis of test performance (Gould et al, 2003)

Main objectives

- To document the PET pathway today and the effect on clinical management decision making
(including the rate of "futile thoracotomy")
- To estimate patients' utilities for PET-determined treatment states
- To help inform future research and practice priorities

Some issues

- Survivorship after "curative" thoracotomy depends on age
- Utility "weighting" for FP and FN
- Non independence of CT and PET results

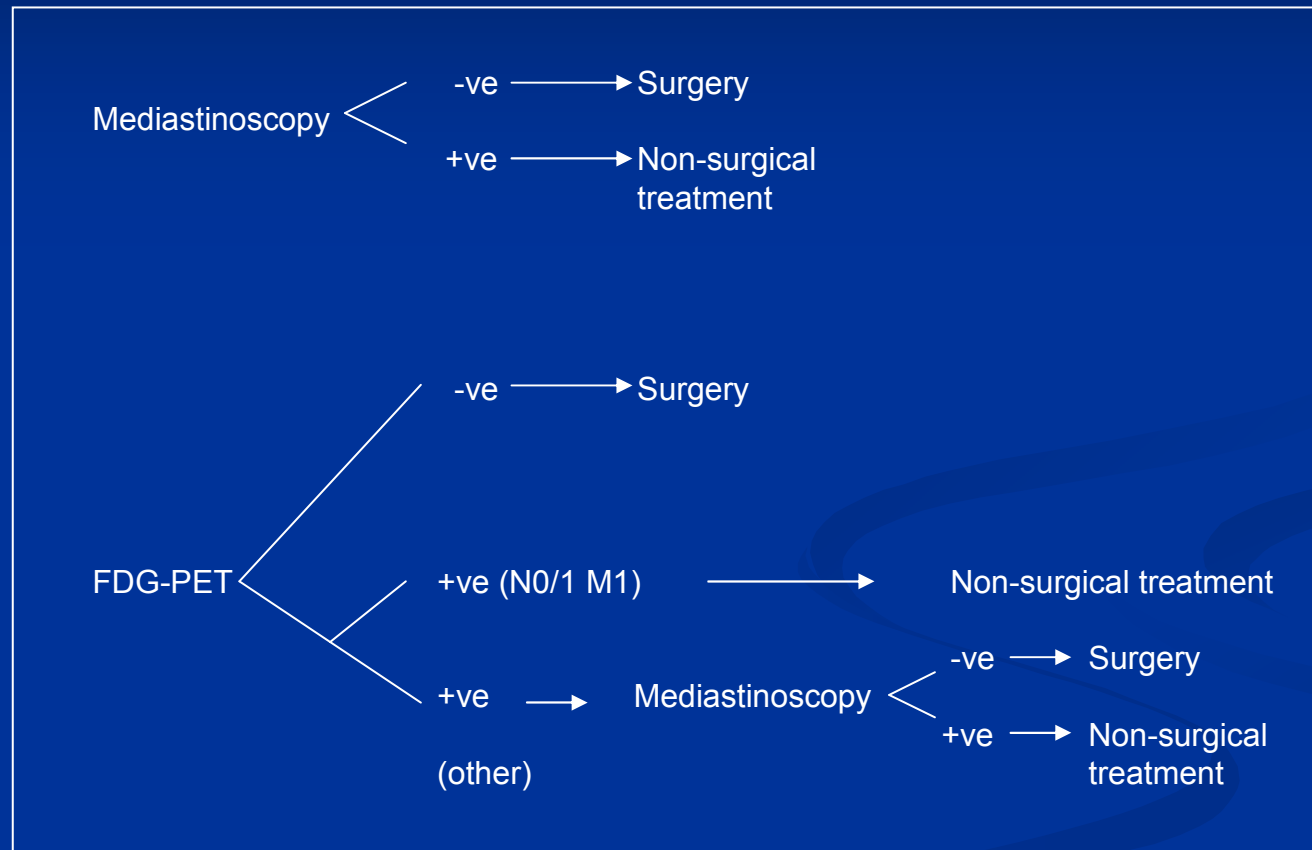


Randomised controlled trial of the role of PET in the management of Stage I and II non small cell lung cancer

Thus the value of FDG PET for management of patients with clinical Stage I-II NSCLC is dependent on the management strategy for Stage IIA disease.....

Viney R, Boyer M, King M et al.
J Clin Oncol 2004; 22: 2357-62.

The two clinical strategies dominating others in HTBS: (Each preceded by CT scan)



Stage distribution used in the HTBS model

	N0/1, M0	N0/1, M1	N2/3, M0	N2/3, M1
Normal lymph nodes	48.4	5.4	10.7	1.2
Enlarged lymph nodes	14.6	1.6	16.3	1.8

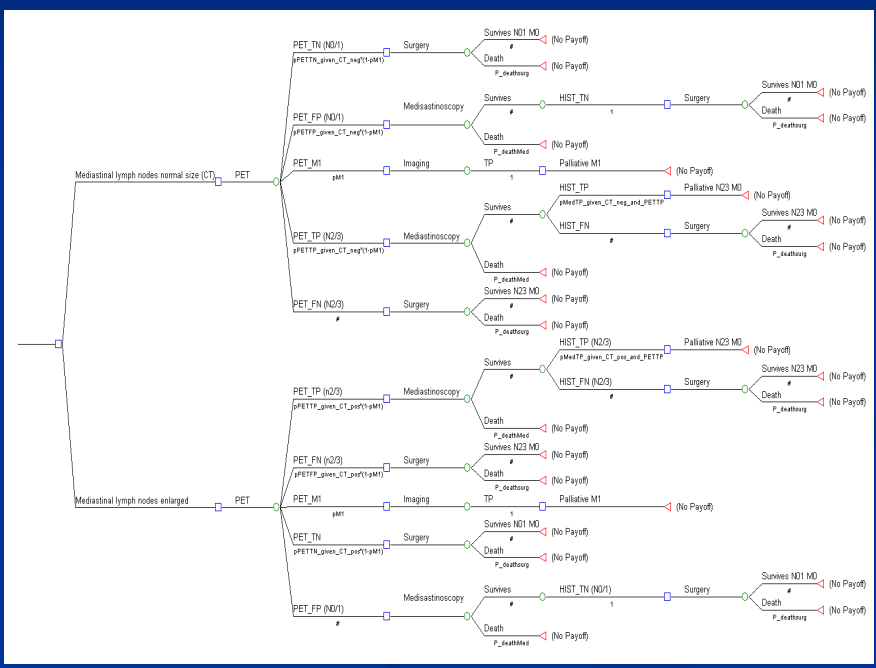
Utilities assigned in base case

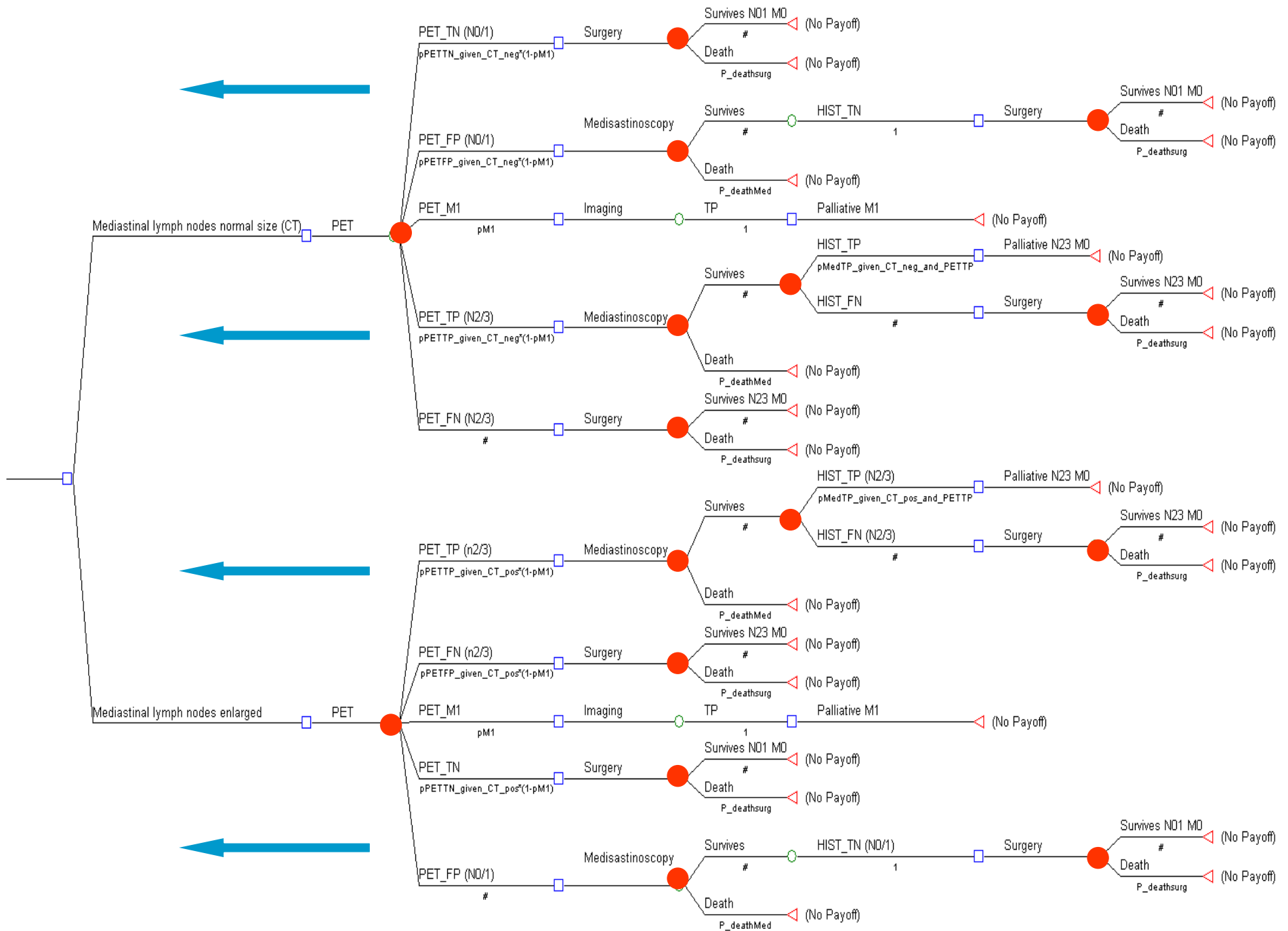
Stage of disease	Treatment	Utility*	Based on
N0/N1, M0	Surgery	0.88	Earle's figure for local disease
N2/N3, M0	Surgery	0.65	Berthelot's figure for advanced disease which responds to treatment
N0-3, M1	Surgery	0.65	Berthelot's figure for advanced disease which responds to treatment
N0/N1, M0	Non-surgical treatment	0.65	Berthelot's figure for advanced disease which responds to treatment
N2/N3, M0	Non-surgical treatment	0.65	Berthelot's figure for advanced disease which responds to treatment
N0-3, M1	Non-surgical treatment	0.65	Berthelot's figure for advanced disease which responds to treatment

Inputs to the HTBS economic model: base case

Variable	Input / assumption						
Base case patient	62-year-old fit for surgery or non-surgical treatment						
Prevalence of N2/N3	30%						
FDG-PET sensitivity	CT-negative 86%; CT-positive 92%						
FDG-PET specificity	CT-negative 90%; CT-positive 76%						
Mediastinoscopy: Specificity	100%						
Sensitivity	72%						
CT and PET mortality	0%						
Mediastinoscopy mortality	0.5%						
Surgery mortality	3.7%						
Life expectancy (LE) after surgery	<table border="1"> <tbody> <tr> <td>N0/1, M0</td> <td>4.5 years</td> </tr> <tr> <td>N2/3, M0</td> <td>1.8 years</td> </tr> <tr> <td>M1</td> <td>0.5 years</td> </tr> </tbody> </table>	N0/1, M0	4.5 years	N2/3, M0	1.8 years	M1	0.5 years
N0/1, M0	4.5 years						
N2/3, M0	1.8 years						
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LE after palliation	<table border="1"> <tbody> <tr> <td>N0/1, M0</td> <td>2.6 years</td> </tr> <tr> <td>N2/3, M0</td> <td>1.8 years</td> </tr> <tr> <td>M1</td> <td>0.5 years</td> </tr> </tbody> </table>	N0/1, M0	2.6 years	N2/3, M0	1.8 years	M1	0.5 years
N0/1, M0	2.6 years						
N2/3, M0	1.8 years						
M1	0.5 years						
Cost of thoracic FDG-PET	£677						
Cost of mediastinoscopy	£375						
Cost of surgery	£3,419						
Non-surgical treatment:	£2,102						
Radical radiotherapy	£4,003						
Chemotherapy	£3,371						
Best supportive care							

		DISEASE	
		Present	Absent
TEST	Positive	<div style="border: 1px dashed orange; border-radius: 50%; padding: 5px; display: inline-block;">True positive</div> <div style="float: right;">a</div>	<div style="float: right;">b</div> <div style="text-align: center;">False positive</div>
	Negative	<div style="float: right;">c</div> <div style="text-align: center;">False negative</div>	<div style="border: 1px dashed orange; border-radius: 50%; padding: 5px; display: inline-block;">True negative</div> <div style="float: right;">d</div>
		<div style="border: 1px dashed orange; border-radius: 50%; padding: 5px; display: inline-block;">$Se = \frac{a}{a + c}$</div>	<div style="border: 1px dashed orange; border-radius: 50%; padding: 5px; display: inline-block;">$Sp = \frac{d}{b + d}$</div>

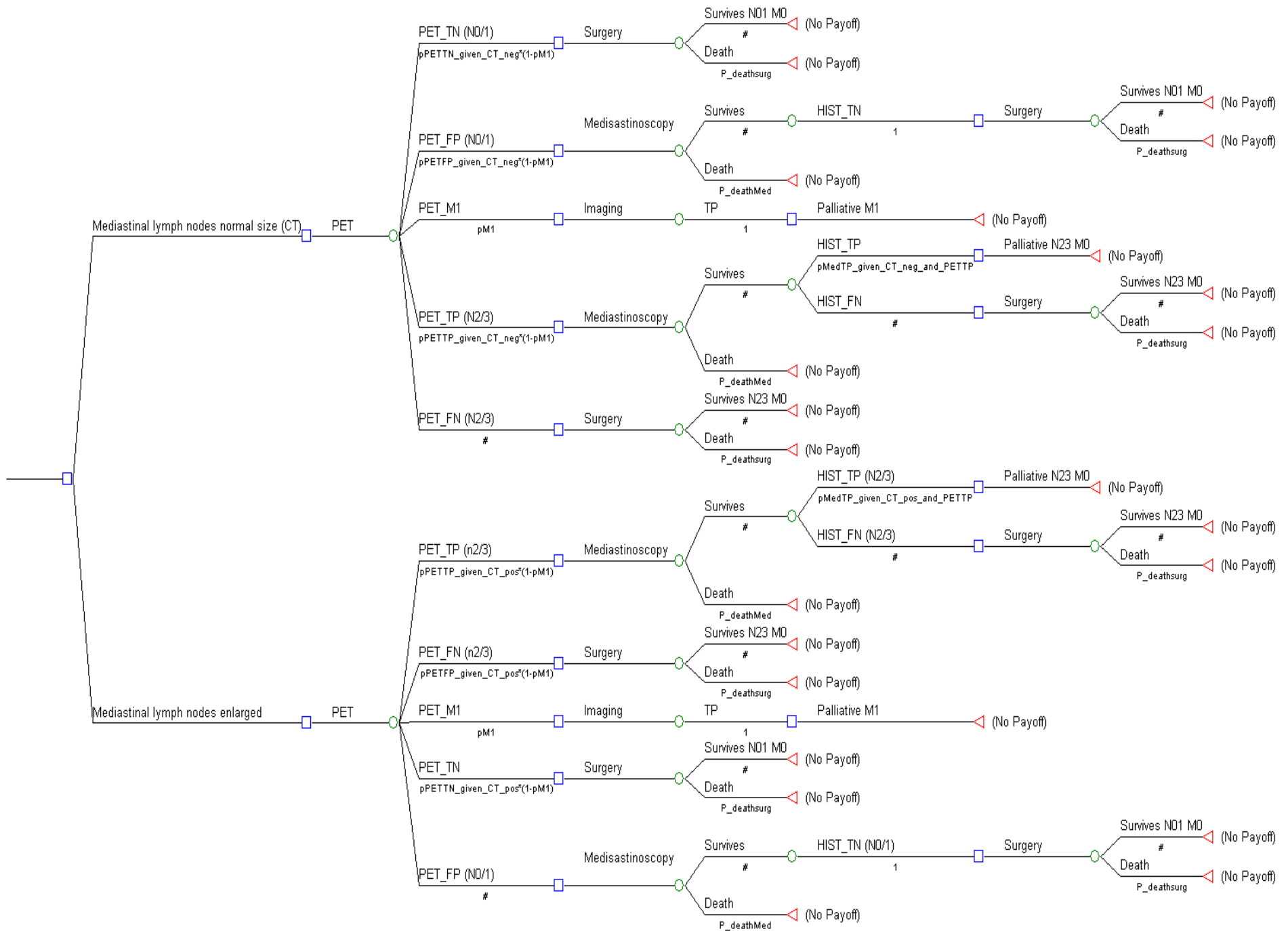




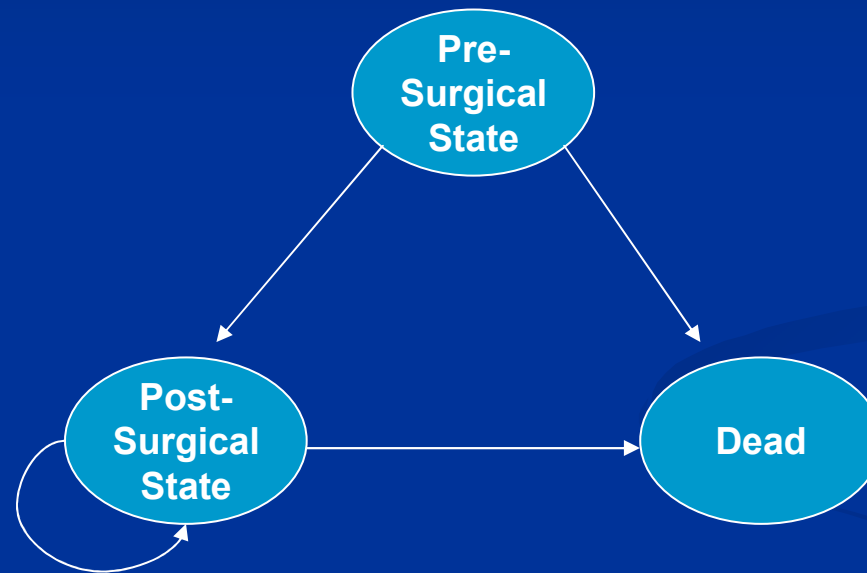
		DISEASE	
		Present	Absent
TEST	Positive	True positive a	False positive b
	Negative	False negative c	True negative d
		$Se = \frac{a}{a+c}$	$Sp = \frac{d}{b+d}$

$$p(\text{PET TP} / \text{CT -ve}) = [p(\text{CT-ve} / \text{PET TP}) \cdot p(\text{PET TP})] / p(\text{CT -ve})$$

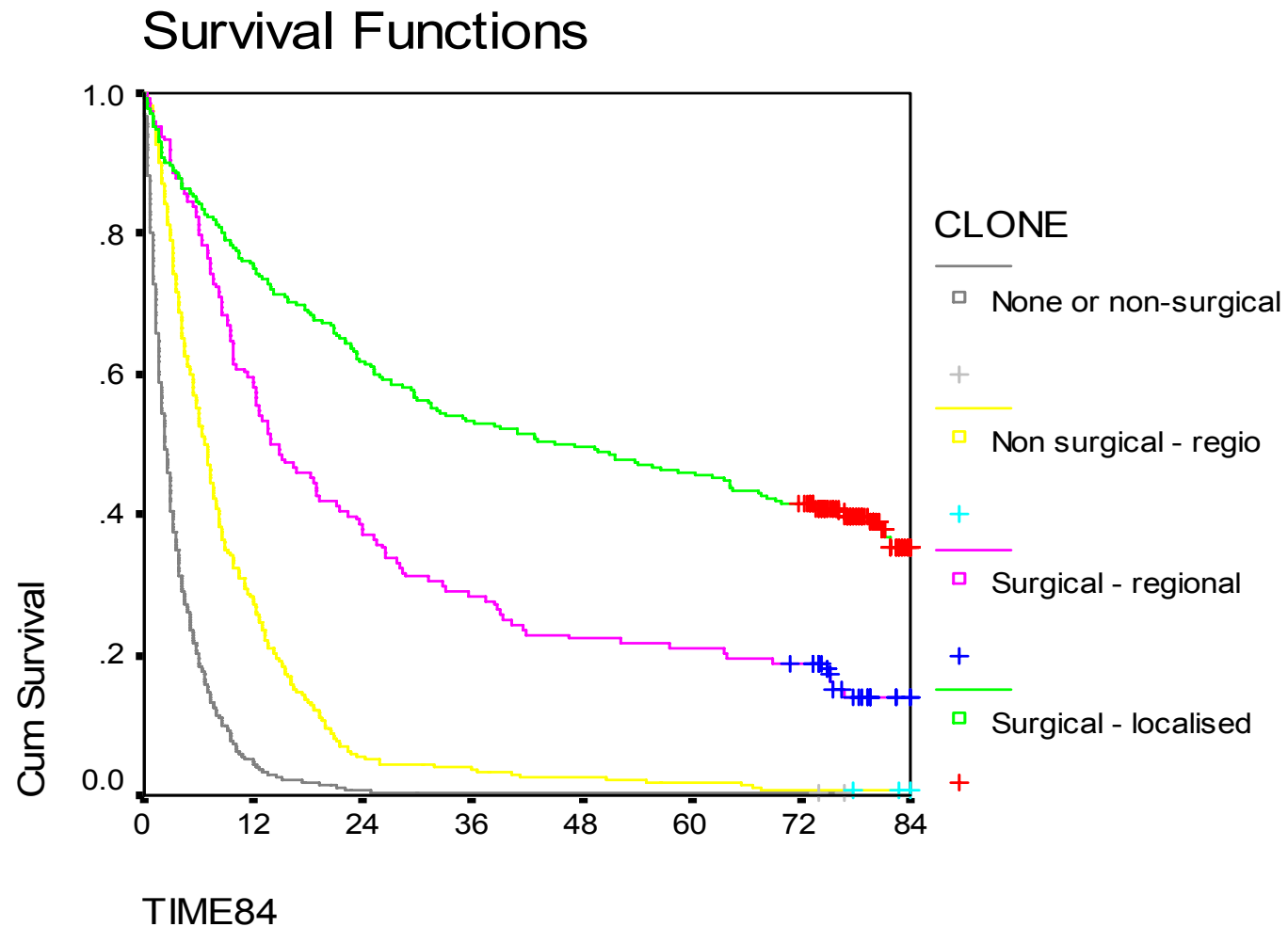
$$p(\text{CT -ve}) = [p(\text{CT -ve} / \text{N0/1}) \cdot p(\text{N0/1})] + [p(\text{CT -ve} / \text{N2/3}) \cdot p(\text{N2/3})]$$

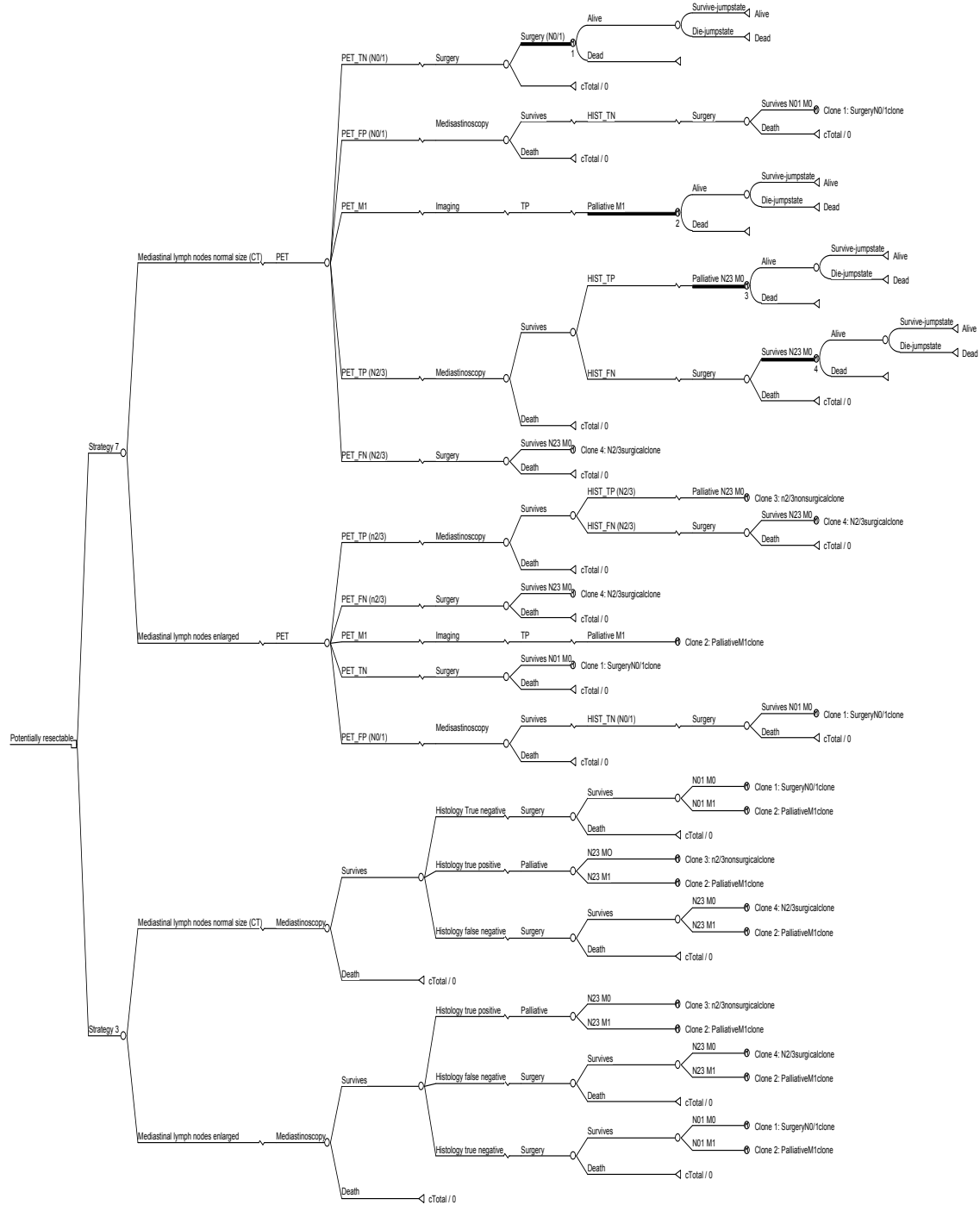


Markov states



Cumulative survival for four clones used in the model





Scenario 1

Your pet scan indicates no significant spread of your disease and this is correct. So you will be offered surgery.

The PET got it right!

Scenario 2

Your PET scan indicates that your disease has spread, but this is not the case. On the basis of the PET result, you will not be offered the surgery that you need

The PET got it wrong!

Scenario 3

Your PET scan indicates that your disease has not spread significantly, but it actually has. You will end up getting offered surgery that cannot cure your disease.

The PET got it wrong!

Scenario 4

Your PET scan indicates that your disease has spread significantly, and this is correct. Surgery is not for you and you will get other treatments

The PET got it right!

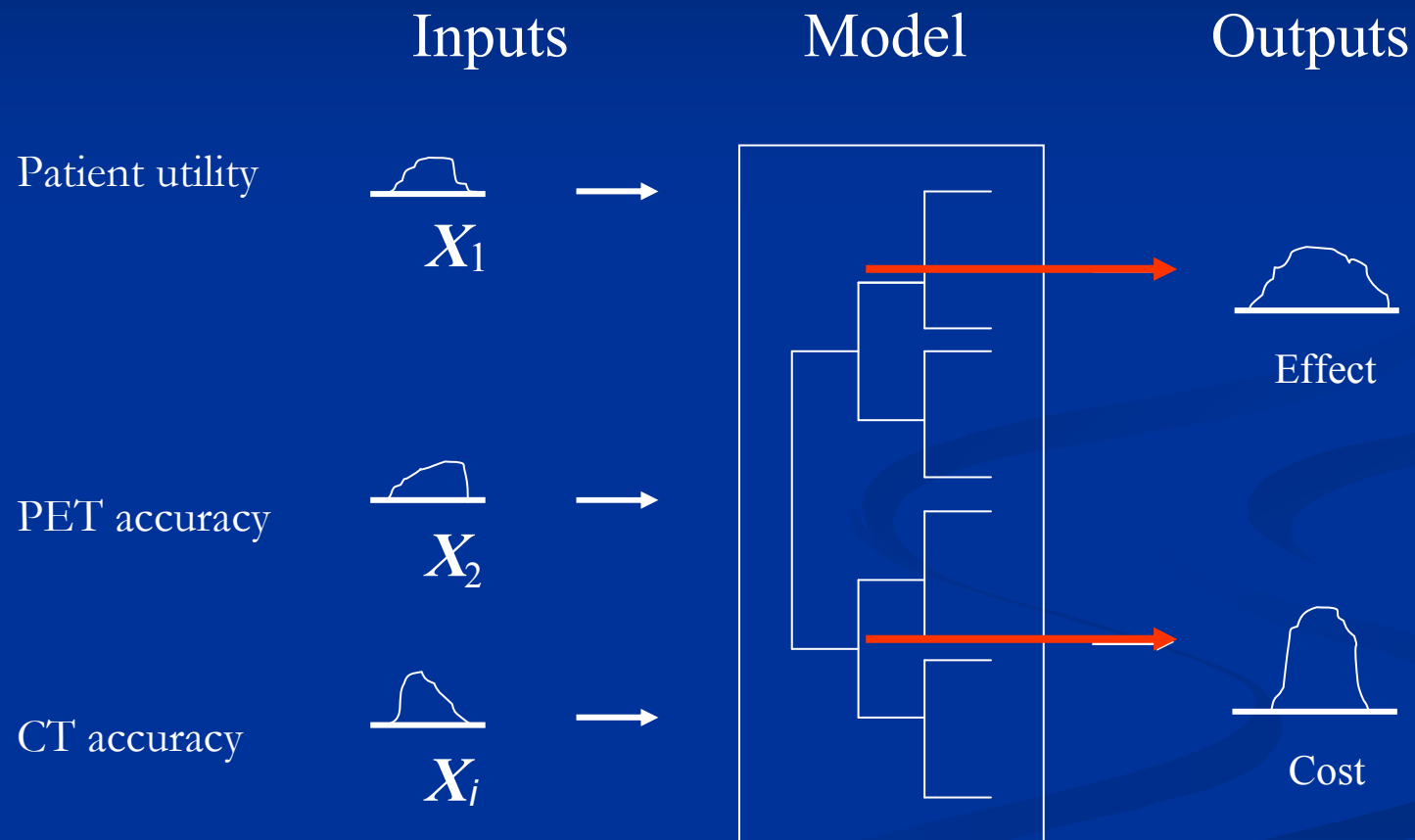
Please make a mark on the line below indicating the relative desirability of these possible outcomes, using the appropriate colour.



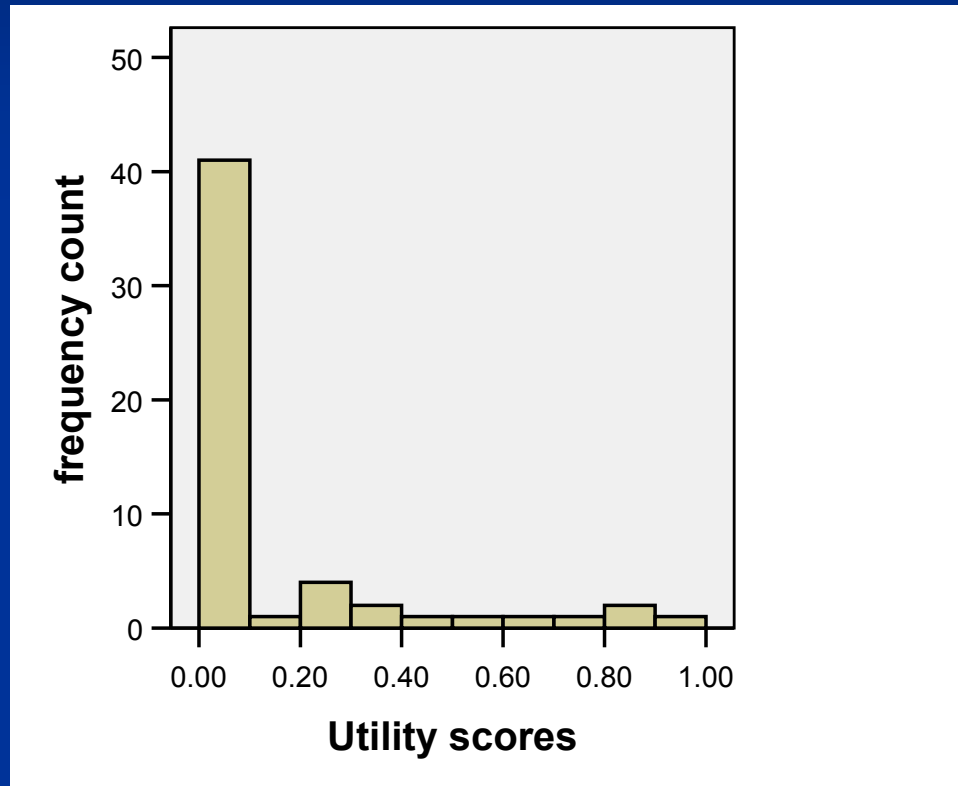
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The concept of second-order Monte Carlo probabilistic sensitivity analysis



Distribution of utility weightings used in the Monte Carlo simulation



Results

For a 50 year old

Strategy	Cost	Incr Cost	Eff	Incr Eff	C/E	Incr C/E (ICER)
Strategy 3	£4,827		2.3129 qaly		£2,087	
Strategy 7	£4,994	£166	2.3377 qaly	0.0248 qaly	£2,136	£6,704

For a 60 year old

Strategy	Cost	Incr Cost	Eff	Incr Eff	C/E	Incr C/E (ICER)
Strategy 3	£4,827		2.0450 qaly		£2,361	
Strategy 7	£4,994	£166	2.0648 qaly	0.0198 qaly	£2,418	£8,385

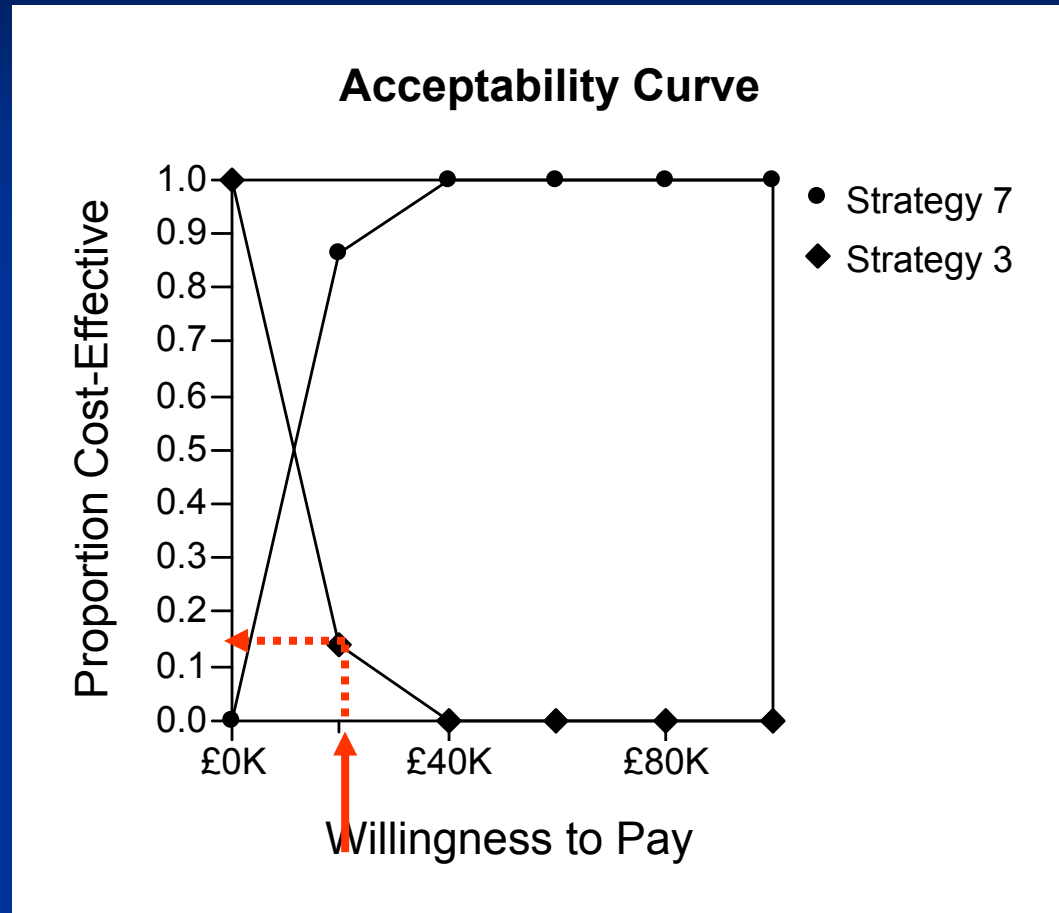
For a 70 year old

Strategy	Cost	Incr Cost	Eff	Incr Eff	C/E	Incr C/E (ICER)
Strategy 3	£4,827		1.7450 qaly		£2,766	
Strategy 7	£4,994	£166	1.7607 qaly	0.0156 qaly	£2,836	£10,636

For an 80 year old

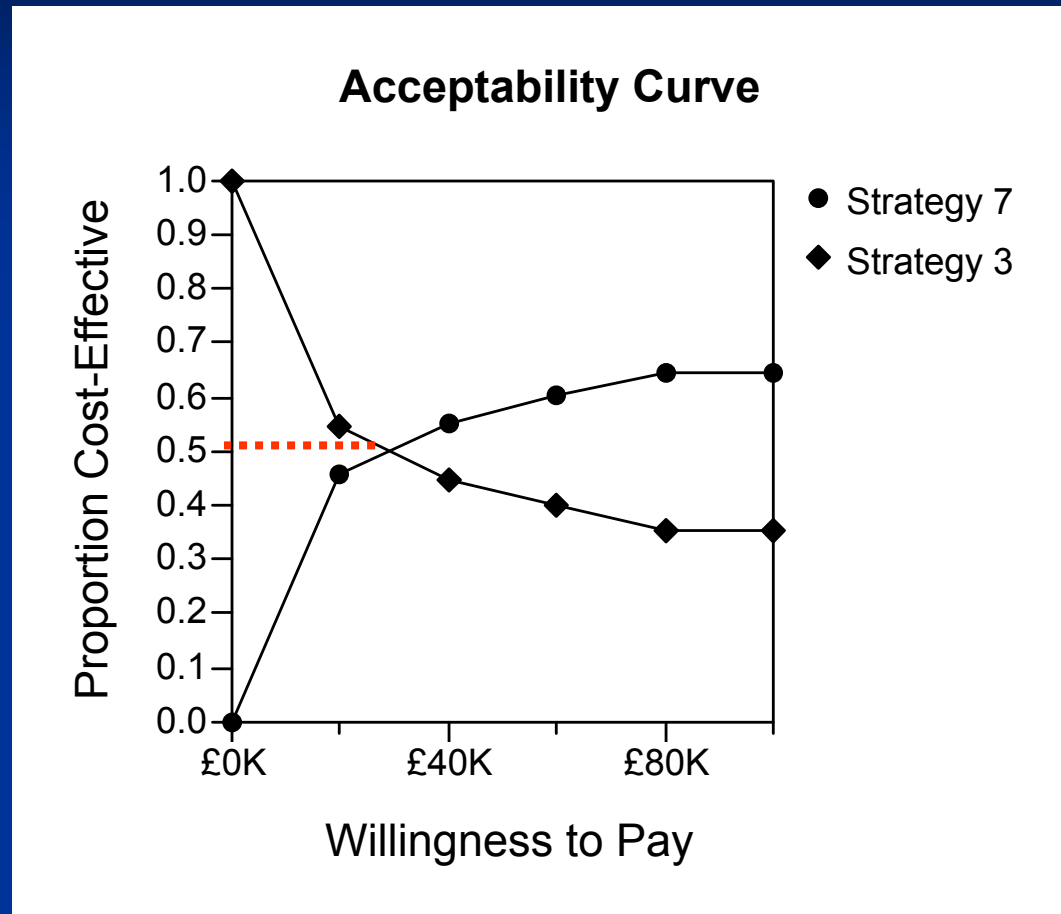
Strategy	Cost	Incr Cost	Eff	Incr Eff	C/E	Incr C/E (ICER)
Strategy 3	£4,827		1.4267 qaly		£3,384	
Strategy 7	£4,994	£166	1.4388 qaly	0.0121 qaly	£3,471	£13,785

Results of probabilistic sensitivity analysis: varying patient derived utility weights for futile thoracotomy



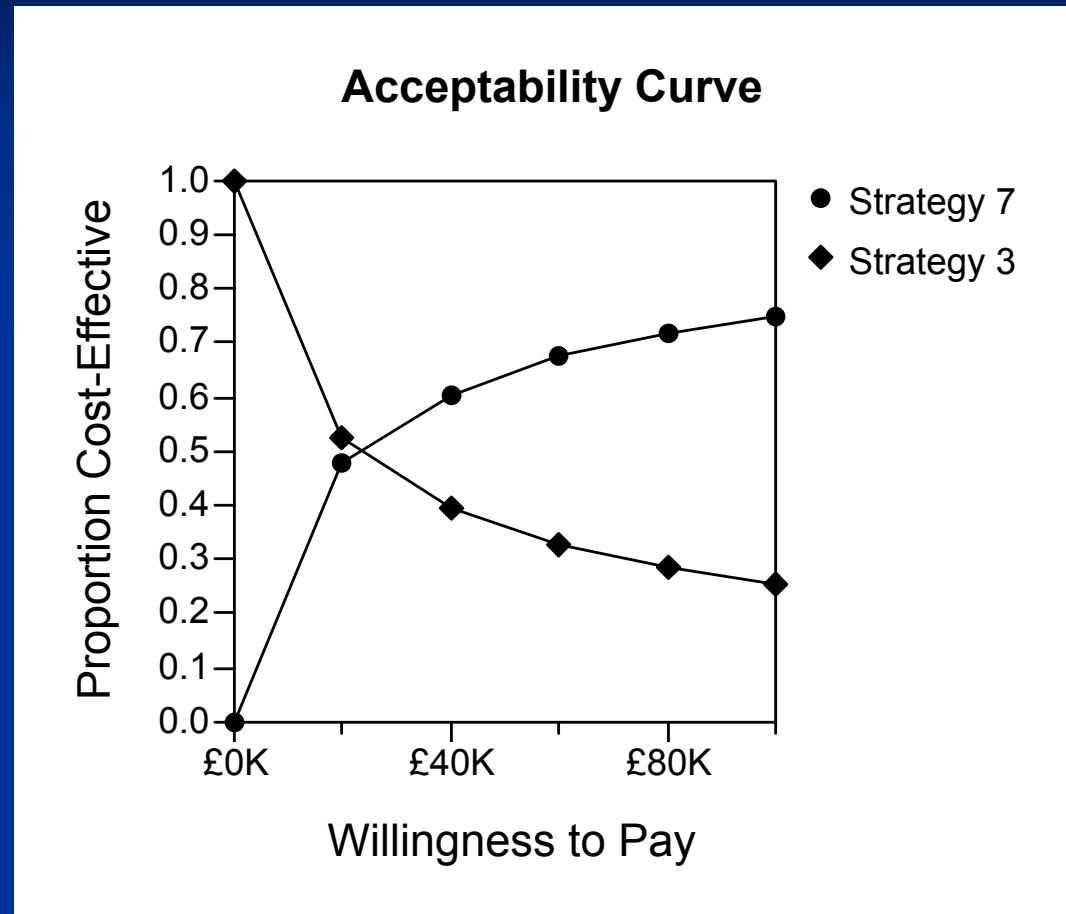
Cost effectiveness acceptability curve for 50 year old patients

Results of probabilistic sensitivity analysis: varying patient derived utility weights for futile thoracotomy



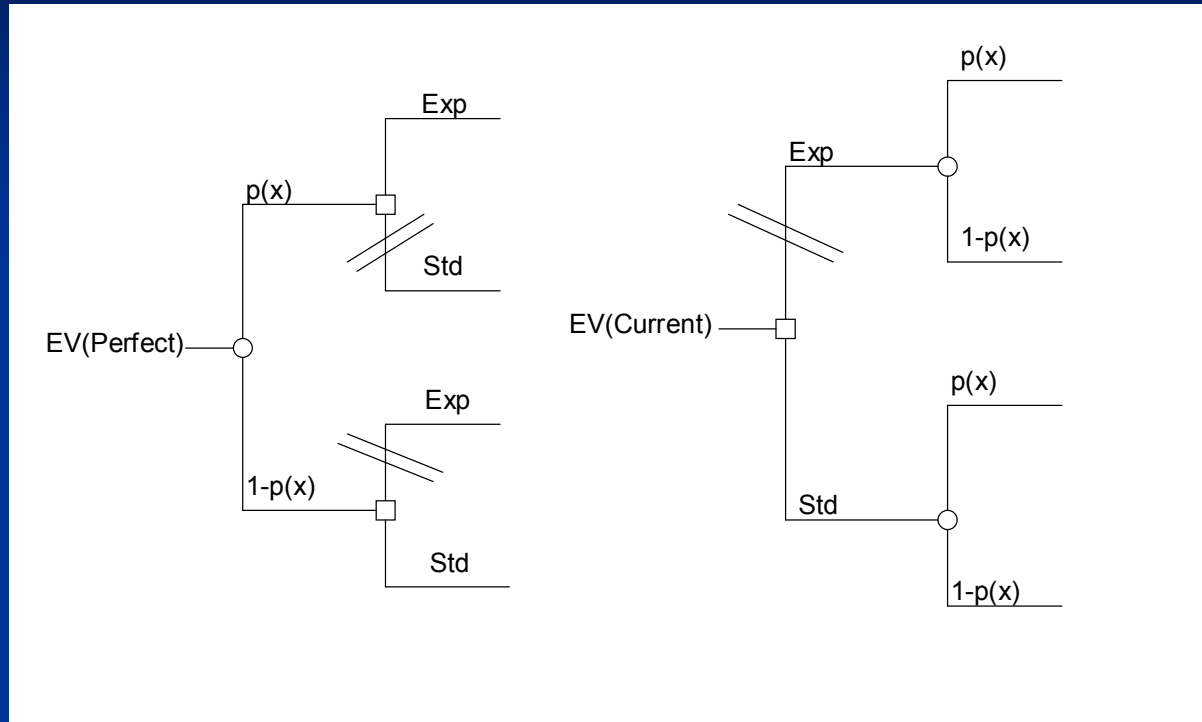
Cost effectiveness acceptability curve for 80 year old patients

Results of probabilistic sensitivity analysis: all parameters



Cost effectiveness acceptability curve for 80 year old patients


$EPV1 = EV(\text{perfect information}) - EV(\text{current information})$



$$EVPI = \left\{ \begin{array}{l} \text{Expected value of} \\ \text{the optimal decision} \\ \text{under conditions of} \\ \text{certainty} \end{array} \right\} - \left\{ \begin{array}{l} \text{Expected value of} \\ \text{the optimal decision} \\ \text{based on prior} \\ \text{probabilities only} \end{array} \right\}$$

So what should have priority for future research ?

Age	Expected value of Perfect Information (for each variable and for all variables combined)			
	Utility for futile thoracotomy	Sensitivity of PET	Sensitivity of CT	All three together
50	-4.66	1.02	0	9.72
60	5.65	1.02	0	24.35
70	40.82	0	0	45.05
80	73.51	0	0	76.42



Take home messages

- Frybeck and Thornbury got it right
- Is it worth more of your time talking to your patients or fighting for an upgrade of your PET machine ?
- Whose perspective should we take when conducting a NICE technology appraisal ?



"WHAT DO YOU MEAN 'IT'S A BIT MUDDY'?"

THANKYOU

Acknowledgements

Thanks to Dr Ian Bradbury
Ruth Leathem
Angie Scott