

Social Values and Health Priority Setting Case Study

Title of Case Study

Mifamurtide for the treatment of osteosarcoma in the UK

- *Adequacy of capturing health-related quality of life in economic analysis*
The Committee heard from patient experts that supporting a young person with osteosarcoma has a profound impact on the health-related quality of life of the family and friends of the person affected, particularly when treatment is not successful. For example, parents and siblings may develop mental health problems and family relationships may be strained. The Committee concluded that these are very important issues affecting the health-related quality of life of those close to the person with osteosarcoma which should be taken into account but on this occasion had not been adequately captured in the economic analysis. The Committee concluded that the combined value of these factors, in addition to the potential uncaptured QALY benefits, meant that mifamurtide could be considered a cost-effective use of NHS resources. (NICE, 2011b).

4. Discussion

Please use this space to reflect on, for example:

- The reasons or values explicitly used in making the decision. Do these reflect any institutional decision rules or statements of value, for example commitments to equality, non-discrimination or fairness? Do they reflect wider social, moral, cultural, religious values, and if so how?
- Considerations not explicitly taken into account in the decision, but which may nonetheless have been important 'background' factors. These might include, for example, public opinion, political sensitivity, moral sensitivity, and international reputation, as well as cultural, social, moral, religious or institutional norms.
- The impact of the decision making process on the decision itself, if any.
- Any issues relating to implementation. For example, whether access may be restricted by capacity issues, even if the intervention, service or programme is provided on a 'universal' basis.
- Anything else you think significant or interesting about the decision.

Discussion

The following were the key positive reasons for acc

- Cost-effectiveness

- Opportunity costs and discounting

One of the basic reasons why NICE uses cost-effectiveness analysis is to recognise and incorporate the principle that money spent for the benefit of one group of patients does not unfairly disadvantage another group on whom the money would otherwise have been spent.

Whereas in many circumstances opportunity costs raise issues of fairness between two patient groups in the present, in the case of this intervention, the issue of fairness is between groups of patients now and groups of patients in the future, given the length of time over which the health benefits of this drug stretch. This is an issue of distribution of resources, and therefore Principle 3 of the Social Value Judgments is relevant, although

in this instance in regard to opportunity costs.

Social values not explicitly taken into consideration, but which may be relevant to the case:


- Age of patients

Patients with osteosarcoma are predominantly young - up to 30 years of age. However, the Appraisal Committee's decision states that it 'considered that no different recommendations were made for the patient population within the licensed indication, that is, the recommendations are not based on age and do not vary according to the age of the patient' (NICE, 2011). The decision not to take age into account in the appraisal reflects the position arrived at by the NICE Citizen's Council that 'health should not be valued more highly in some age groups than in others' (NICE, 2008;23).

It is a common intuition that children deserve special consideration because they have yet had few years of life but have many potential years ahead of them, and that they should therefore give them special consideration in health priority setting. One reaction to the case of mifamurtide might be, therefore, that it is a special case simply because the patient group in question consists of children - but this was clearly not the reaction of the Appraisal Committee. Given that for many of the patient group, the drug extends the already long lifetime which is secured by the existing chemotherapy treatment, the fact that they are children when they receive mifamurtide is not of itself important since the benefits they receive do not come until much later in their lives. That is to say, if they did not receive mifamurtide, 71% of osteosarcoma patients would be expected to survive until the age of 60 anyway - the drug makes no difference as to whether this 71% of children live to adulthood or not. It is only of benefit to them in terms of giving them added years of life at the age of 60, not at the ages of 6 or 16.

However, paying attention to the fact that osteosarcoma patients are at an early stage of their lives may be important in relation to the compound nature of discounting which was significant in the Appraisal Committee decision in terms of the effect it had on Mifamurtide's ICER. This is for the following reason: if the patient group in question were on average 50 years old, and were expected to live until age 60, there would only be 10 years of benefits to discount; osteosarcoma patients however are children and young people and are expected to live until age 60 - there are therefore many more years of benefits to discount. This means that the osteosarcoma patients appear to be expensive in cost-effectiveness terms partly in virtue of the fact that the period of discounting is so long, and this in turn is in virtue of the fact that the patients are children - there is simply a longer period over which benefits are discounted than if they were people in middle-age. So the problem here is not that children should be given special consideration and are not being given that consideration, but rather more straightforwardly that they are being actively disadvantaged because they are children and have many years of life ahead of them.

So, whilst the age of the patients in question in this case was not a reason in itself in the appraisal process, it was inevitably a background factor because of the effect of discounting health benefits in a case where the patients in question are children with a long life expectancy ahead of them and therefore many years of benefits to discount.



NICE (2008) *Soci V e dg ents*. Available at:
<http://www.nice.org.uk/media/C18/30/SVJ2PUBLICATION2008.pdf>

NICE (2011)