

CEA

REGISTRY

Newsletter

January 2024

Dear Friends,



We hope you kicked off 2024 feeling re-energized and ready to tackle those new year's resolutions. We on the CEA Registry team have found ourselves reflecting on the successes and challenges of 2023, and setting resolutions of our own for 2024. In this issue of the CEA Registry's annual newsletter, we highlight some of our key achievements from 2023. They include:

1. Welcoming new members to our **Scientific Advisory Board**
2. Designing **new search capabilities** for the CEA Registry search engine
3. Piloting the inclusion of **non-English language cost-effectiveness studies** in the CEA Registry

Do you have ideas you'd like to see us take on in 2024? What plans do you have to use the CEA Registry in your work and research? Send us a note at cea.registry@tuftsmedicine.org. We want to hear from you!

Regards,

Patty Synnott
Director, CEA Registry



Scientific Advisory Board

The CEA Registry Team is pleased to introduce Elena Elkin and Julia Slejko as new members of our Scientific Advisory Board.



Elena Elkin, PhD
Professor of Health
Policy and
Management at
Columbia University
Irving Medical Center



Julia Slejko, PhD
Associate Professor of
Practice, Sciences, and
Health Outcomes
Research at University
of Maryland, Baltimore

Meet our other Scientific Advisory Board members:



**Mike Drummond,
PhD**
University of York



**Anirban Basu,
PhD**
University of Washington



**Christopher McCabe,
PhD**
Queen's University Belfast



**Ankur Pandya,
PhD**
Harvard University

Our Scientific Advisory Board met in October to discuss priorities for the CEA Registry in 2024.

To learn more about the Board, click the link below:

<https://tinyurl.com/33d3dxxx>

Upcoming Features on the Website

Advanced Search

Methods

Ratios

Utilities

Add order of operations to your advanced search

Basic Advanced

Keyword

Add with OR

Query

((First Term [Keyword]) AND (Second Term [Keyword])) OR ("Journal of Clinical Epidemiology"[Journal])

Customizable Downloads

Select variables to include in your downloadable dataset



Abstract



Affiliation



Article ID



Primary
Disease
Description



Pub Med ID



Publication
Date



\$/DALY
Comparator



\$/DALY Delta



\$/DALY Final

New Search Filters

Refine your search results:

- ICD-10
- Global Burden of Disease tier
- Publication year
- Country
- Health outcome

Neoplasms (C00-D48) [ICD-10] X

United States of America [Country] X

Call for Submissions

Open-Source Model Clearinghouse

Open-Source Model Clearinghouse

Use the menus below to filter data. Multiple selections are permitted:

Disease:
Begin typing disease...

Country:
Begin typing country...

Intervention:
Begin typing intervention...

Model type:
Begin typing model type...

Software type:
Begin typing software...

Model/project sponsor:
Begin typing sponsor...

Author last name:
Begin typing author...

Last update year:
2009 2023

Show 10 entries

Open-Source Models: Click OSF link to see abstract and source code

Model Title	Primary Author	Intervention	Disease	Country	Model type	Software	Model sponsor	Date of last update	Link to source code
Cost-effectiveness of nutrition-sensitive food programs in India, Nigeria and Ethiopia	Ashley Leech	Care delivery, Legislation	Nutritional deficiencies	Multiple countries	Microsimulation	Excel, Stata	Foundation	December/8/2016	https://osf.io/hy543/
Long-term impacts of alternative treatments for Hodgkin Lymphoma	Joshua Cohen	Medical procedure, Pharmaceutical	Neoplasms/cancer	United States of America (USA)	Discrete event, Agent-based, Microsimulation	R	Academic	February/8/2018	https://osf.io/ke8np/

CEVR's [Open-Source Model Clearinghouse](https://ghcearegistry.org/orchard/about-the-clearinghouse) is a searchable online repository of source code and executable models used in cost-effectiveness analyses

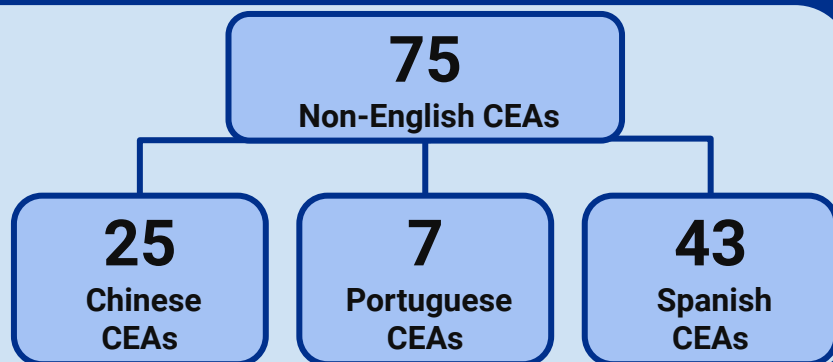
Why should you share your model's source code?

- ✓ To boost your CEA's credibility by allowing others to replicate and validate your findings
- ✓ To promote efficiency in research by enabling others to adapt and improve existing models
- ✓ It is good scientific practice

Learn more at <http://ghcearegistry.org/orchard/about-the-clearinghouse>

Non-English Studies

In 2023, we added **75** CEAs published in non-English languages to the CEA Registry



Findings

Compared to all CEA Registry articles, non-English articles were **more likely** to...

- Focus on infectious and parasitic diseases (31% vs. 18%)
- Represent an LMIC (56% vs 12%)
- Have a lower quality score (3.6 vs 4.8)

Non-English articles were **less likely** to...

- Have authors from academic organizations (79% vs. 89%)
- Include sensitivity analyses (85% vs. 95%)
- Report correct ICER values (76% vs 84%)

Next Steps

Continue to read Spanish/Portuguese CEAs identified in PubMed

Call for Paper of the Year Nominations

Each year, CEVR awards one cost-effectiveness study the
Paper of the Year Award

Click here → <https://tinyurl.com/yf2hcrep>

Criteria



- ★ Any original, applied CEA in the fields of health and medicine
- ★ Published in 2023
- ★ Reports results in terms of incremental cost per QALY gained or cost per DALY averted

Assessment



- ★ Timeliness and importance
- ★ Methodological quality
- ★ Potential influence on policy or clinical decision making

Submission



- ★ To submit an article, please complete the [online submission form](#)
- ★ Deadline - **January 31, 2024**
- ★ Anyone can nominate a paper including the authors themselves

Award



- ★ All nominated papers undergo blinded review by CEVR faculty
- ★ The three papers with the highest faculty ratings are then reviewed by CEVR's Scientific Advisory Board
- ★ The first author of the winning paper will receive an award of **\$500**

Recent Papers Using Registry Data



A Direct Measure of Medical Innovation on Health Care

Spending: A Condition-Specific Approach

Dunn et al. / Health Management Policy & Innovation / 2023

In this study, researchers used data from the CEA Registry to establish proxy measures of innovation for specific healthcare conditions. Linking these proxies to spending growth data, they estimated that around 18% of real spending growth per capita is associated with innovation.

Assessing Global Evidence on Cost-Effectiveness to Inform Development of Pakistan's Essential Package of Health Services

Huda et al. / Health Policy and Management / 2023

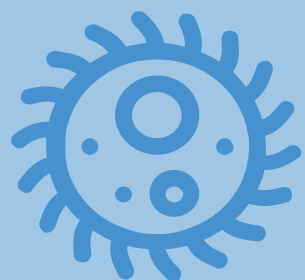
In developing a health benefit package for universal health coverage, Pakistan pioneered a seven-step process to assess the applicability of global cost-effectiveness evidence. The team identified studies from the CEA Registry. Results showed that less than 50% of interventions align with locally applicable evidence, emphasizing the need to tailor global data for specific contexts.



Using Real-World Data to Inform Value-Based Contracts for Cell and Gene Therapies in Medicaid

Zemplenyi et al. / Pharmacoeconomics / 2023

The study aimed to determine the actual cost-offsets for valoctocogene, roxaparvovec (hemophilia A), and etranacogene dezaparvovec (hemophilia B) from Colorado Medicaid's perspective, defining payback periods and its uncertainty. The investigators retrieved economic evaluations related to hemophilia A and B using the CEA Registry.



The cost-effectiveness of pegcetacoplan in complement treatment-naïve adults with paroxysmal nocturnal hemoglobinuria in the USA

Fishman et al. / Comparative Effectiveness Research / 2023

In this study, the authors evaluated the cost-effectiveness of pegcetacoplan versus C5 inhibitors eculizumab and ravulizumab in complement treatment-naïve adults with paroxysmal nocturnal hemoglobinuria (PNH) from the US healthcare payer perspective. The CEA Registry was one of the sources they used to populate their CEA model.

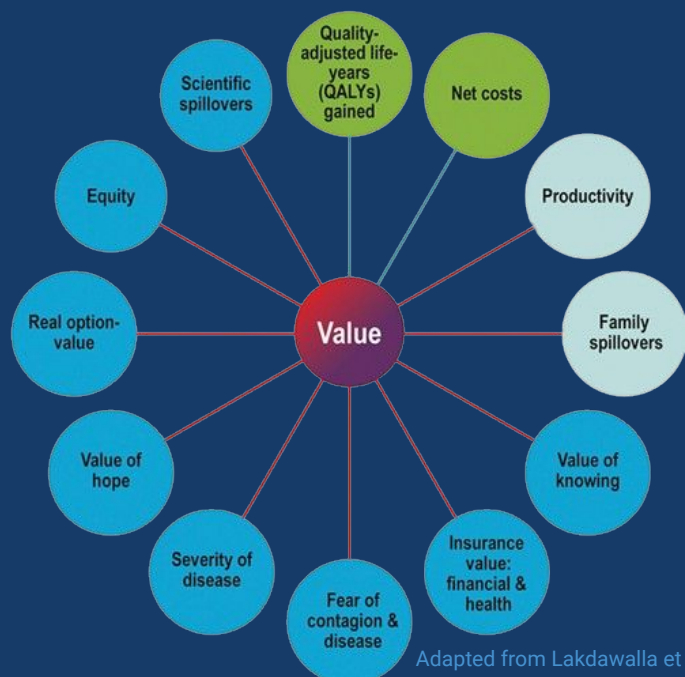


Variable Highlight: Novel Elements of Value

In 2018, an ISPOR Special Task Force (STF) proposed that traditional CEAs might overlook various elements of value, potentially leading to an underestimation of the value provided by health interventions.

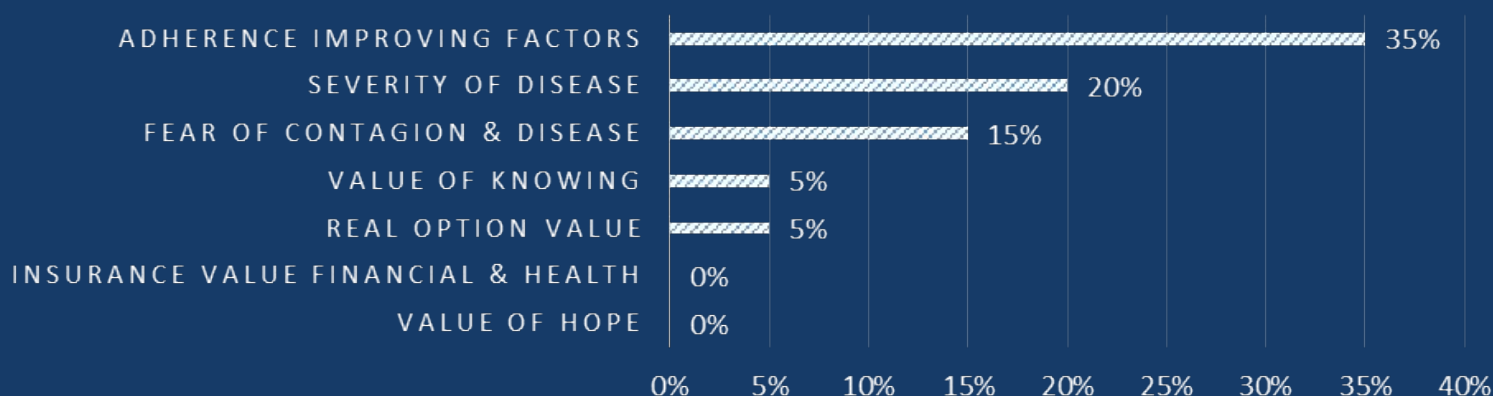
The STF introduced the concept of a "value flower," wherein each petal symbolizes one of these value elements.

The CEA Registry started collecting information on whether CEAs include some of these novel elements.¹



We identified 20 CEAs that included at least one of the novel elements of value in their studies. The chart below illustrates the percentage distribution of these novel elements within the identified CEAs.

PERCENTAGE OF CEAS INCLUDING THE NOVEL VALUE OF ELEMENTS (N=20)



1. Refer to our previous blog on Novel Elements of Value - <https://cevr.tuftsmedicalcenter.org/news/2022/use-of-novel-elements-of-value-in-cost-effectiveness-analyses>

CEA Registry 2023 Summer Fellowship

Join us in celebrating our 2023 CEA Registry fellows' remarkable work! Six talented students from graduate programs around the country joined us for eight weeks during the summer to review hundreds of cost-effectiveness analyses for the CEA Registry and to conduct original health policy research of their own.

2

Research Projects

243

Articles Reviewed

42

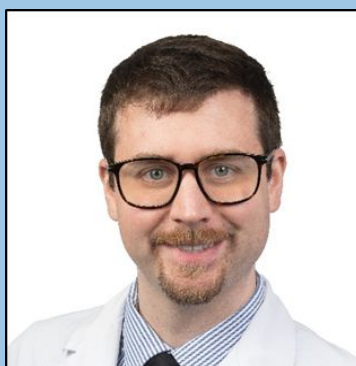
Non-English CEAs

Project 1 was a systematic review titled, "Difference in Cost-effectiveness Thresholds for Evaluating Pharmaceutical Interventions between Rare and Non-rare Cancers in the United States," using our very own CEA Registry.

Project 2 was a cost effectiveness model titled, "Cost effectiveness of Sotagliflozin for the treatment of heart failure."



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Meet the People Behind the CEA Registry



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Sponsorship & Support

Thank you to everyone who supports the CEA Registry.

Government, Academic, and Non-Profit Sponsors



Corporate Sponsors

AbbVie	Crecon	Janssen	Otsuka
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