The methodological framework for incorporating evidence in health policies: the example of ECBIC as a neutral and collaborative platform
Declarations

• My unit receives funding from National Institute of Health research for three randomised controlled trials in breast cancer
• My unit receives funding from Bayer for one trial in breast cancer
• I am chair of NICE accreditation advisory committee for which I receive an honorarium
Headlines

• Nothing breast cancer specific
  • Messages could apply to any disorder
• Everyone needs help from time to time
  • What does this mean for CEN?
    • Supportive vs. challenging
  • Main output of this meeting?

Idealised structure

- RCTS
- Other research
- Evidence synthesis
- Identified need
- Guidelines
- Policy context
- Quality standards
- Implement & Evaluate
- Patient and professional perspective
Idealised structure

- RCTS
- Other research
- Evidence synthesis
- Identified need
- Guidelines
- Policy context
- Quality standards
- Implement & Evaluate
- Patient and professional perspective
Idealised structure
Idealised structure

- RCTS
- Other research
  - Identified need
  - Policy context
  - Guidelines
    - Patient and professional perspective
  - Quality standards
    - Patient and professional perspective
- Implement & Evaluate
Issues

• **Evidence other than RCTs**
  • All agree it is important
  • Hard to do for trials of screening/diagnostic processes
  • How to weight it is a challenge
    • Weak evidence used when RCT data not available?
    • Strong evidence from a different paradigm?
      • You can’t do an RCT of values, beliefs and principles
      • “Patient experience is as important as EBM”

• **Multiple small sub groups**
  • Too few patients to do trial (improve trial technology?)
  • Develop personal decision aids
  • Genotyping may come in ahead of trial results
TIPs

• Clinical trials can become de facto standard care

• GRADE useful tool to assess evidence
  • May be a useful tool for guideline development
    • PICO based – (but are they the right PICOs?)

• Treatment choices function of; patient, tumour/patient characteristics, country/health system, hospital/medical team

• Set quality standards where potential for health gain is greatest
  • This may not be where the evidence is best
Tribalism

• Health care regulators
• Generators of health care consensus
• Professional regulators

• Standards for standards.
  • Tribes need to come together.
  • Definitions, evidence, drafting & consultation, pilot and field test, evaluate and feedback, publication & public access, review and revisions

• Support proposal to develop a national ‘standard for healthcare standards’ compatible with evidence-bases medicine, regulatory requirements and ISO systems.

• ECBIC as a neutral and collaborative platform?