

Center for Translational and Policy Research on Personalized Medicine

NEWS

NEWSLETTER
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Upcoming Events

[The 3rd Personalized Medicine World Conference \(PMWC 2011™\)](#) will be held Jan 18-19 in Silicon Valley. The two-day, fully-integrated personalized medicine conference will feature more than 30 experts. TRANSPERS is a proud sponsor. See pg 2 for details.

A Letter from Center Director Kathryn A. Phillips, PhD

Dear Colleagues,

At TRANSPERS, we are excited that our research continues to be highlighted, especially as one of our goals is to translate clinical research into real-world evidence.

Of particular note is a letter TRANSPERS affiliates Katie Kelley and Alan Venook published in *The New England Journal of Medicine* about patient non-adherence to a life-saving yet costly cancer drug during the economic downturn. Dr. Kelley, TRANSPERS' first recipient of pilot research award funding, is a terrific example of a clinical researcher who addresses translational and policy issues.

In addition to our current research investigating economics, preferences for genetic testing, and utilization of personalized medicine, we are busy preparing our application to the National Cancer Institute for five more years of funding. Our research will continue to focus on building evidence and making our findings relevant in the real world.

Thanks for your support,



Kathryn Phillips, PhD
TRANSPERS Center Director

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TRANSPERS Center News

TRANSPERS Awardee Dr. Katie Kelley Publishes Research, Writes NEJM Letter

Dr. Katie Kelley - TRANSPERS' first recipient of pilot research award funding - co-authored a letter to the editor in the August 5, 2010 *New England Journal of Medicine* that discusses the impact a drug's price tag can have on medication adherence amongst patients, especially during challenging economic times. Dr. Kelley, along with TRANSPERS collaborator Dr. Alan Venook, examined patient adherence to Gleevec (imatinib), a costly drug used to treat metastatic gastrointestinal stromal tumor, and concluded that economic factors can influence the decisions that patients with cancer make about their care.

"Imatinib (Gleevec) is a remarkably active and cost-effective drug that has dramatically changed the life expectancy of patients with gastrointestinal stromal tumors (GIST) and chronic myelogenous leukemia (CML)," Dr. Kelley said. "Due to its high cost, however, we have observed that economic factors can influence patients' access and adherence to this drug, which may lead to devastating consequences."

Dr. Kelley's TRANSPERS-funded research examines the uptake of personalized medicine technologies through the lens of how colon cancer diagnostic tools are impacting oncology practice guidelines. She currently has a publication in press in the *JNCCN - The Journal of the National Comprehensive Cancer Network* on CRC biomarkers and NCCN guidelines.

Notably, Dr. Kelley's work demonstrates how the TRANSPERS Center is meeting the goal of training clinical researchers who can address translational and policy issues.

TRANSPERS to Build CEA Registry of Personalized Medicine through Tufts Collaboration

It may seem counterintuitive, but targeted healthcare doesn't necessarily save money. Targeting incurs costs but there are other "hidden" expenditures such as testing people where there is no benefit, inaccurate test results, or treatments that remain the same following testing. But even when targeting doesn't save money, it may provide higher quality care at a reasonable cost thus making it a worthwhile investment. Research has shown that most health care innovations do not actually save money, at least initially, yet are still important.

It's a crucial, ongoing question: What is known about the cost-effectiveness of personalized medicine? TRANSPERS researchers are working with collaborators at Tufts Medical Center to systematically address this question by building a Personalized Prevention Cost-Effectiveness Analysis Registry onto the existing Cost-Effectiveness Analysis Registry (CEAR). The CEAR, developed at Tufts' Center for the Evaluation of Value and Risk in Health, is a widely-cited and highly regarded comprehensive, publicly available online database of 2400 cost-utility analyses.

"CEAR is a tremendous health economics resource," said Dr. Julie Sakowski, TRANSPERS' new Executive Director. "We are excited to work with our colleagues at Tufts to build on this proven framework and create a tool that will facilitate working toward a better understanding of the value of personalized medicine."

For more info: www.cearegistry.org

TRANSPERS Sponsors Personalized Medicine World Conference

The 3rd Personalized Medicine World Conference (PMWC 2011™) will be held Jan 18-19 in Silicon Valley. It is the only fully integrated conference on Personalized Medicine that brings together all aspects of business, government, healthcare-delivery, research and technology – all in one information-rich two-day conference. The PMWC 2011 Program includes more than 30 speakers with expertise in four specialized tracks – Targeting Cancer, Emerging Technologies, Economics & Regulation and Personal Wellness.

TRANSPERS is delighted to be a sponsor for this event. For more info: <http://pmwc2011.com/>

TRANSPERS Center Leaders Discuss Personalized Medicine Around the World

TRANSPERS Center collaborators have been globe-trotting as interest in personalized medicine continues to increase. TRANSPERS members were invited to participate in agenda-setting meetings with the National Cancer Institute, Pfizer, and Eli Lilly, as well as national and international summits on new technologies, comparative effectiveness research, and health reform in the US and abroad. In May, Kathryn Phillips traveled to Melbourne, Australia to speak about the relationship between the US and global perspective on personalized medicine.

We are excited that TRANSPERS collaborators are seen as thought leaders on personalized medicine and continue to be invited to present information on the issue, helping to fulfill our mission of disseminating insights and knowledge

TRANSPERS Works with Payers to Build Real World Evidence

A key challenge in healthcare is moving toward evidence-based practice. Yet, to do so, researchers need practice-based evidence. TRANSPERS collaborator Julia Trosman led a meeting in Chicago in June with our TRANSPERS Reimbursement Policy Advisory Board to examine real-world approaches to strengthening practice-based evidence for decision making. The board, which includes representatives from 12 payer groups, has worked with TRANSPERS since 2007 to address these types of pressing issues. At the Board meeting, TRANSPERS was honored to have as a speaker Al B. Benson III, MD, immediate past-Chairman, Board of Directors, National Comprehensive Cancer Network (NCCN). Dr. Benson was joined also by the NCCN's CEO Dr. William McGivney.

A major take-away from the meeting was that developing real-world evidence is challenging and requires collaboration between researchers who provide methodologies and payers who provide data. However, there is an opportunity to make collaborative evidence research a win-win for payers, researchers, and ultimately for physicians and patients.

TRANSPERS Center Research

Private payers considered both clinical evidence and healthcare system factors in deciding when to cover the 21-gene assay used in breast cancer.

Coverage Policy Development for Personalized Medicine: Private Payer Perspectives on Developing Policy for the 21-Genes Assay
Trosman, JA, Van Bebber, SL, Phillips KA. Journal of Oncology Practice 2010; 6(5): 238-242.

A review of KRAS mutational analysis that presents a summary of the test description, its clinical application, public health importance, published reviews and evidence.

Wang G, Kelley RK, GAPPNet. KRAS mutational analysis for colorectal cancer: Application: Pharmacogenomic. PLoS Curr. 2010/09/02. Link [here](#).

Despite high overall rates of communicating BRCA results, underserved and some minority women seem less likely to inform relatives of their BRCA status or have relatives test for a known family mutation. Satisfaction with the decision to BRCA test is positively associated with both outcomes.

Cheung EL, Olson AD, Yu TM, Han PZ, Beattie MS. Communication of BRCA Results and Family Testing in 1,103 High-Risk Women. Cancer Epidemiology Biomarkers & Prevention. September 1, 2010;19(9):2211-2219.

Gene expression profiling (GEP) is advocated as a method of risk-stratification for identifying early-stage breast cancer patients most likely to benefit from adjuvant chemotherapy. This is the first cost-effectiveness study to date that compares multiple stratification strategies.

Kulin NA, Marshall DA, Fenwick E, Elkin E, Hassett M, Ferrusi IL, Phillips K. Cost-Effectiveness of Gene Expression Profiling in Early Breast Cancer. Annual Conference for Society for Medical Decisionmaking.

To learn more about TRANSPERS Center collaborators and our research, please visit our website at <http://transpers.ucsf.edu>