

Board on Health Sciences Policy
Roundtable on Translating Genomic-Based Research for Health

# Evidence Generation for Genomic Diagnostic Test Development: A Workshop

November 17, 2010
The Keck Center of the National Academies

#### **EVIDENCE**

- The FDA is our friend safety & efficacy requirements lower than payer requirement of health outcomes evidence
- Close the gap between FDA & payers evidence requirements
- Analysis of cost-effectiveness of "analytic framework" process vs single good trial
- Must define adequate, not perfect, evidence that gets us to 85% "B grade" certainty

#### REIMBURSEMENT & COVERAGE

- Discuss new economic models (reimbursement) that value tests which prevent therapy when not useful
- Implement system that does not pay for treatment if not supported by prognostic/predictive test

#### MEDICAL PRACTICE

- Determine if safety & efficacy is enough for clinical use of new genomic tests, in the context of medical practice
- Medical process ignores EBR recommendations because they can; no checks on medical practice; perception that EBR groups don't understand the biological variability of individual patients in clinical practice

#### CLINICALLY-FOCUSED RESEARCH

- Need a patient-centric research system to focus test research on clinically important questions
- Develop a cooperative arena for identifying the top 10 clinically important questions & resources/ mechanisms to collaboratively generate the evidence, ie GAPPNet
- Engage journal editors to only publish only test validation studies that meet quality study design criteria and regardless of whether result is positive or negative

### ACCESS TO CLINICAL TRIAL SPECIMENS/DATA

- Establish single index of annotated clinical trial specimens and closed health systems available for genomic test development projects, being done through GAPPNet
- Extend NIDDK requirement for biobanked specimens from RCTs to all NIH institutes for future studies
- Further develop ClinicalTrials.gov to be more complete in listings and data included, for RCTs in process and RCTs with negative outcomes

#### **ACADEMIA**

- Engage AMC leadership to reassess and change the academic promotion & reward systems to value clinically valuable research outcomes and team work rather than grants and publications
- Develop a link between the academic R&D segments and the healthcare teams at AMCs to improve the health of patients in their system
- Need training system for investigators to teach them test development study design options and optimization

#### OUT OF THE BOX

- Develop models of data sharing for genomic tests; eg GAPPNet, Canadian drug development model
- Large groups of people to come together to analyze the available data to answer a clinical question
- Public education on evidence for clinical tests & practice



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## **Workshop Planning Committee**

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