Real-world EQ-5D-5L utility values in patients with melanoma derived using a digital 'bring your own device' platform


BACKGROUND
Malignant melanoma is an aggressive form of skin cancer that originates from melanocytes in the basal layer of the epidermis. Although melanoma is most frequently found on the skin, it can also arise in the mucous membranes of the throat and genitalia, the eye and conjunctiva, and on nails and teeth.

Melanoma is the 9th most common cancer in the UK, with 16,000 new cases registered across the UK in 2018.

The incidence is increasing, especially in older adults – about half of melanoma cases such year are in people aged 45 years and over.

However, melanoma does occur relatively frequently in younger people (approximately 10% in people aged 30–44 years). The main risk factor is the chronic accumulation of DNA damage from UV exposure, which is an important cause of skin cancer.

The value of real-world data
Real-world data can be used to understand the impact of a condition or disease, such as melanoma, and its treatment, on patients’ lives, symptoms, functioning, work and other factors of productivity and daily activities, such as caring for a family.

The NICE methods guide recommends collection of real-world data as a condition of entry into the revised Cancer Drug Fund (CDF), to address empathy, technology expertise and capacity.

In the melanoma setting, data can be collected from a broader range of patients than those encountered in clinical trials, including those with a wider range of clinical settings.

In the UK, melanoma patients are registered at the population level by four National Health Service (NHS) regional melanoma registries and numerous regional melanoma registries; however, none of the existing registries collects comprehensive quality of life (QoL) data as reported by patients.

RESULTS
Patient demographics
The registry included a subset of 309 participants resident in UK, with NHS (or CHI) number, who provided EQ-5D-5L and disease stage data from a total sample of 145 participants recruited at the time of the data cut. 145 participants provided demographic data, 118 provided EQ-5D-5L data and 112 provided disease stage data.

The results presented here are based on 88 registry participants (95.5%) of their 91-year range.

Ethics approval
The present study is an early analysis of the melanoma registry baseline data. To the best of our knowledge, there are very limited studies with the use of real-world QoL data in melanoma patients, none of which were conducted in the melanoma setting.

DISCUSSION
To the best of our knowledge, there are no limited studies with the use of real-world QoL data in melanoma patients, none of which were conducted in the melanoma setting.

The present study is an early analysis of the melanoma registry baseline data.

The full registry includes longitudinal real-world EQ-5D-5L data to be used in the future to understand, make them available real-time.

This, in combination with the fact that the BDO provides benefits of some of the questionnaires for recording patients, enables surveyors even more frequently than the (supposedly monthly), and compliance rate, given the opportunity of a single and granular.

CONCLUSIONS
As melanoma treatment outcomes to evolve, utility values derived in real-world settings will be of increasing importance to drug developers, HTA agencies, clinicians and patients.

The richness of the information in the digital registry will enable exploration of the impact of a wide range of parameters in the real-world setting that are not well documented in literature.

METHODS
Data collection methods comprised of two stages:

- Analysis of the EQ-5D-5L data collected through the app. Participants were randomised using the CAGL-Algorithm.
- Scoping literature search on PubMed, to understand the published real-world EQ-5D-5L data.

The EQ-5D-5L
The app included the UK version of the EQ-5D-5L instrument, comprising 24 different disease states divided into the five dimensions of mobility, self-care, usual activities, pain/discomfort and anxiety/depression.

Each dimension has 5 levels: no problems, slight problems, moderate problems, severe problems, and extreme problems.

The Registry records patient demographics, treatment patterns, AEs, PROs and QoL data, including HRQL, symptoms and daily functioning.

The registry was launched on 1st April 2018. Patient data will be collected for 3 years.

Patient involvement in research
Melanoma patients were involved in the development of the registry, from the scoping stage through the design and governance of the project.

The registry will be used to measure outcomes in a specific indication such as the melanoma drug market.

The Registry will record patient demographics, treatment patterns, AEs, PROs and QoL data, including HRQL, symptoms and daily functioning.

In terms of its 12, 2018. Health-related quality of life in patients with melanoma was assessed using the EQ-5D-5L survey in a real-world setting.

The SPSS clinical trial study was designed as a randomised parallel group, double-blind, placebo-controlled, phase III trial, in patients with metastatic melanoma.

The significant for the inclusion was the presence of a measurable (by both CT scan and plasma) and evaluable target lesion.