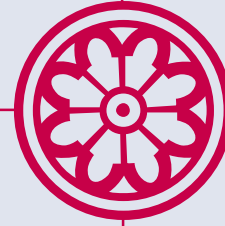
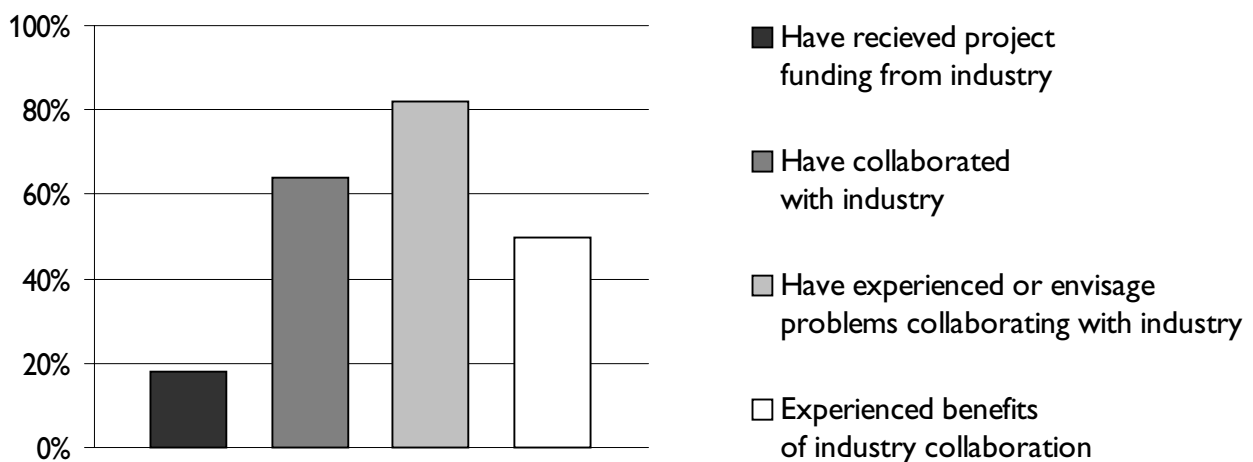


# INAHTA

## newsletter

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## Pros and Cons of HTA – Industry Collaboration



*A recent survey of INAHTA members (74% response rate) identified both positive views and serious concerns.*

The survey shows that nearly 20% of the agencies have received project funding from industry and over 60% have collaborated with industry in one way or another.

Common examples of collaboration include dissemination activities, ie, organizing seminars and training activities. Some agencies work with industry to assess emerging technologies while others explore ways to collaborate and share information.

Of those with experience in industry collaboration, around 75% of the agencies have experienced benefits from this type of collaboration.

Respondents noted several concerns in collaborating with industry. The most frequently mentioned was the

risk that independence could be compromised, which in turn could compromise the effectiveness of the agencies.

Further examples include the difficulty to maintain complete objectivity, and that involvement could lead to respectability and credibility problems. Conflicts of interest, pressure on outcomes, choosing topics, selecting comparators, bias on reported studies, and questions about ownership are other worries reported by the INAHTA agencies.

Exchanging ideas and information appear to dominate among the positive experiences associated with raising awareness. Since collaboration with industry may raise suspicion, any collaboration should be transparent from the outset.

INAHTA's future relationship with industry will be discussed at this year's annual meeting.



## North American Collaborators (NAC)

Recognizing INAHTA's emphasis on collaboration and information sharing, its North American members (AETMIS, AHFMR, AHRQ, CMS, CCOHTA, and VATAP) have joined forces. At a meeting during the 2001 ISTAHC conference, agencies agreed that collaboration should help minimize existing workload.

NAC have since conducted a survey of their organizations and processes to reveal potential avenues for collaboration. With a substantial array of HTA-related expertise available to them, NAC share many attributes including similar ranges of products, methods, and quality standards for conducting and reporting assessments.

Regular information sharing will be key to successful, continued collaboration. NAC identified horizon scanning, work plans, assessments planned and in progress, and model processes and lessons from other collaborations as information that would be helpful in planning future activities. Initial activities they will undertake include reviewing and sharing draft documents and advising on contractors, content experts, and methodology.

## Exploring Industry / Governmental Agency Collaboration on HTA

For the past year, under the general title "Developing Health Technology Assessment to Assure Cost-Effective Health Technology and High Quality of Care", an informal working group of representatives from industry and HTA agencies has been discussing potential avenues for mutual collaboration. The meeting with the group have emphasized the interests and objectives that both groups share, without neglecting the points where they diverge.

The initiative began in May 2001 in connection with an international seminar hosted by SBU in Stockholm. The group have since then had two

meetings in Seville (October 2001) and Geneva (April 2002).

Two key issues have been addressed:

- Design of a transparent framework for collaboration among industry and governmental agencies in health technology assessment.
- Development of tools and guidelines in HTA for harmonization at the European level, with specific attention to the incorporation of new member states to the EU.

The group findings will be presented at the 2002 Annual Meeting in Berlin, along with reflections from other groups such as ISTAHC, INAHTA, and Candidate Countries to the EU.

## Nordic Collaboration

Hearing impairment in adults is a common communication disorder, and the costs for hearing rehabilitation are considerable. To define needs for hearing services, four Nordic Health Technology Assessment Agencies (DACEHTA in Denmark, FinOHTA in Finland, SBU in Sweden, and SMM in Norway, augmented by experts from the United Kingdom) launched a joint project in 1999 to review existing literature and survey the organization of services in the participating countries.

The literature review revealed that good quality scientific information on the definition, assessment, and prevalence of hearing impairment is disappointingly scarce. Likewise, evidence correlating the degree of hearing impairment with rehabilitation outcome is also lacking. Striking differences were found in the organization of services in the different countries with, eg, Denmark providing far more hearing aids per thousand people than Finland (10.9 vs 2.7). A joint report presents the main results of the project (available at [www.stakes.fi/finohta/e](http://www.stakes.fi/finohta/e)). Additional, more detailed findings on the organization of services will be published shortly.

## INAHTA at ISTAHC

Plan to attend INAHTA's special parallel session on global collaboration on Monday. Learn about the benefits and challenges of international collaborative projects and INAHTA's joint projects on telemedicine, bone density measurement, and prostate cancer screening during the afternoon session on June 11<sup>th</sup>.

At the second plenary session, the respective Chairs of ISTAHC, INAHTA, and ECHTA will present the status, future opportunities, roles, experience, and challenges of each network.

Those interested in learning more about the results of the ECHTA project and who would like to discuss the structure of a possible future Network are encouraged to join the morning meeting as well.

A meeting of joint interest for industry and the HTA community is scheduled for Sunday afternoon, June 9<sup>th</sup>, at the ISTAHC Annual Meeting. This "exploratory meeting" will focus on common interests and possible areas for collaboration between ISTAHC and INAHTA on one hand, and industry and other organizations interested in funding HTA, on the other. The meeting is open to all conference delegates from industry or other organizations interested in collaborating to fund HTA studies, information, or education.

For more information please visit [www.inahta.org](http://www.inahta.org)

## Conferences

### **19th International Conference of the International Society for Quality in Health Care (ISQua)**

Paris, France

November 5–8, 2002

*For more information:* [www.isqua.org.au](http://www.isqua.org.au)

## Recently Published Reports From INAHTA Agencies – A Selection

- Prevention and treatment of obesity – a systematic literature review (Swedish, English abstract) May 2002, **SBU**.
- Toxicity testing: a more efficient approach (English) May 2002, **GR**.
- Organisation of services for diabetic retinopathy screening (English) April 2002, **HTBS**.
- Hormone replacement therapy (Swedish, English abstract) April 2002, **SBU**.
- The clinical effectiveness and cost-effectiveness of sibutramine in the management of obesity: a technology assessment (English) April 2002, **NCCHTA**.
- The cost-effectiveness of magnetic resonance angiography for carotid artery stenosis and peripheral vascular disease: a systematic review (English) April 2002, **NCCHTA**.
- Effectiveness of special dressings in the treatment of pressure and leg ulcers (Spanish, English abstract), November 2001, **AETS**.
- Positron emission tomography (PET) with 18fdg on clinical oncology: an update (Spanish, English abstract), November 2001, **AETS**.
- Analysis and review of protocols and quality standards in the diagnostic process for the detection of cervical cancer (Spanish, English abstract) September 2001, **OSTEBA**.

## INAHTA Website

### New Section on the INAHTA Website

INAHTA members can find up-to-date information on the "Members Only Section". To access this section you need a password and a username that can be provided by the contact person at your organization. You can download relevant information about INAHTA activities, eg, the minutes from meetings and information about the upcoming annual meeting in Bad Saarow. The future contents, which may include a planned project list, will be discussed at the annual meeting.





## INAHTA Briefs Submitted in April and May

- DNA Chips: Analysis Systems of DNA Sequence Variations (*CEDIT, France*) 02/4.
- Glycemic Holter (*CEDIT, France*) 2002/5.
- Intracoronary Brachytherapy (*CEDIT, France*) 02/6.
- Patient's Bedside Biological Analyzer (*CEDIT, France*) 02/7.
- The Benefit of Population Screening for Breast Cancer With Mammography (*GR, The Netherlands*) 02/8.
- Advanced Breast Biopsy Instrumentation (ABBI), May 1999 (*MSAC, Australia*) 02/9.
- Photodynamic Therapy for Skin and Mucosal Cancer (PDT), May 1999 (*MSAC, Australia*) 02/10.
- OctreoScan® Scintigraphy for Gastro-entero-pancreatic (GEP) Neuroendocrine Tumors, August 1999 (*MSAC, Australia*) 02/11.
- Oto-acoustic Emission Audiometry (OAEA), August 1999 (*MSAC, Australia*) 02/12.
- Directional Vacuum-assisted (DV) Breast Biopsy, October 1999 (*MSAC, Australia*) 02/13.
- Intravascular Extraction of Chronically Implanted Permanent Transvenous Pacing Leads, October 1999 (*MSAC, Australia*) 02/14.
- Placement of Artificial Bowel Sphincters in the Management of Fecal Incontinence, December 1999 (*MSAC, Australia*) 02/15.
- Hepatitis C (HCV) Viral Load Testing, March 2000 (*MSAC, Australia*) 02/16.
- Positron Emission Tomography (PET) for a Number of Services, March 2000 (*MSAC, Australia*) 02/17.
- Gamma Knife Radiosurgery, October 2000 (*MSAC, Australia*) 02/18.
- Brachytherapy for the Treatment of Prostate Cancer, November 2000 (*MSAC, Australia*) 02/19.
- Hyperbaric Oxygen Therapy (HBOT), November 2000 (*MSAC, Australia*) 02/20.
- Lung Volume Reduction Surgery (LVRS), February 2001 (*MSAC, Australia*) 02/21.
- Deep Brain Stimulation (DBS) for Symptoms of Parkinson's Disease, April 2001 (*MSAC, Australia*) 02/22.
- Positron Emission Tomography (PET) for a Number of Services, May 2001 (*MSAC, Australia*) 02/23.
- Advanced Breast Biopsy Instrumentation (ABBI) System for Nonpalpable Breast Lesions, July 2001 (*MSAC, Australia*) 02/24.
- Evaluation of Near Patient Cholesterol Testing Using the Cholestech L.D.X. August 2001 (*MSAC, Australia*) 02/25.
- Positron Emission Tomography (PET) for a Number of Services, August 2001 (*MSAC, Australia*) 02/26.
- Conformal Radiotherapy, November 2001 (*MSAC, Australia*) 02/27.
- Low Intensity Ultrasound (LIUS) Treatment for Acceleration of Bone Fracture Healing – Exogen™ Bone Growth Stimulator, November 2001 (*MSAC, Australia*) 02/28.
- Magnetic Resonance Imaging for Staging Cervical and Endometrial Cancer, November 2001 (*MSAC, Australia*) 02/29.
- Assessments of Telemedicine Applications – An Update (*AHFMR, Canada and FinOHTA, Finland*) 02/30.
- Hospitalization for Internal Radiotherapy (*CEDIT, France*) 02/31.
- The Neuromate® Neurosurgical Stereotactic Robot (*CEDIT, France*) 02/32.
- Predictive Genetic Testing for Hereditary Breast and Colorectal Cancer (*ITA, Austria*) 02/33.
- Photodynamic Therapy With Verteporfin (PDT-V) for Age-related Macular Degeneration, July 2001 (*MSAC, Australia*) 02/34.
- Pulmonary Thromboendarterectomy (PTE) for Chronic Thromboembolic Pulmonary Hypertension (CTEPH), January 2001 (*MSAC, Australia*) 02/35.
- Sacral Nerve Stimulation for Refractory Urinary Urge Incontinence or Urinary Retention, June 2000 (*MSAC, Australia*) 02/36.
- Saline Infusion Sonohysterography (SIS), May 1999 (*MSAC, Australia*) 02/37.
- Samarium<sup>153</sup>-lexidronam (SML) for Bone Pain due to Skeletal Metastases, August 1999 (*MSAC, Australia*) 02/38.
- Total Ear Reconstruction, March 2000 (*MSAC, Australia*) 02/39.
- Transmyocardial Laser Revascularisation (TMR), October 1999 (*MSAC, Australia*) 02/40.
- Vertebral Axial Decompression (VAX-D) Therapy for Chronic Low Back Pain, April 2001 (*MSAC, Australia*) 02/41.
- Visual Electrodiagnosis, April 2001 (*MSAC, Australia*) 02/42.
- Human Stem Cells (*SWISS-TA, Switzerland*) 02/43.

### INAHTA Executive Committee

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