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## Policy implementation of PET in Norway

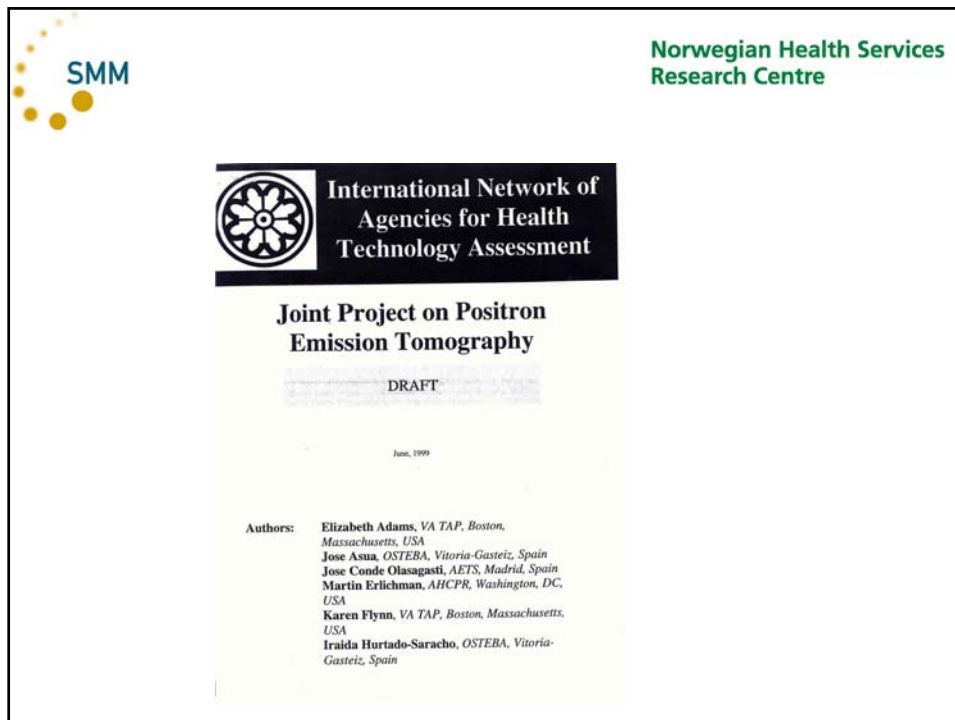
Berit Mørland  
Norwegian Health Services  
Research Centre  
(Norwegian Centre for HTA = SMM)



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## Background

- › No PET-scan facilities in Norway
- › 1998: Norwegian HTA centre established
- › 1999: Ministry of Health (MOH) requests for an HTA on clinical use of PET



The slide is titled 'SMMs strategy' in a large, bold, black font. In the top left corner is the SMM logo, and in the top right corner is the text 'Norwegian Health Services Research Centre' in green. Below the title, there is a bulleted list of four points, each starting with a right-pointing arrowhead (>).

- > 1) To base the Norwegian assessment on the INAHTA report
- > 2) To establish a review group of experts from the main Norwegian hospitals
- > 3) To ask this group to assess the INAHTA report, as well as studies identified after or in addition to this report
- > 4) To show cost data for establishing and running a PET facility in Norway




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## SMM report 8/2000

**Summary:**

- **SMM supports the main conclusions in the INAHTA Joint Report that:  
Among several clinical conditions, only used in cancer, neurology and coronary disease, evidence suggests that PET may give diagnostic advantages compared to other techniques.  
But improved clinical results were unknown.**
- **The additional publications show some promising results, but there is still a lack of evidence on clinical outcomes.**



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## Impact-1

**The MOH decides that public money should not be allocated to establish a PET facility in Norway for the time being**

**The reason for this decision, was not sufficiently documented clinical value of PET ( research use was not discussed)**

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**SMM**

## Amersham sponser forskning

Amersham har spytet inn 25 millioner kroner for å få et senter med avansert diagnoseutstyr i Norge. Senteret er et fint eksempel på et tett samarbeid mellom næringslivet, forskningsmiljøene og offentlige myndigheter.

BRIT MYRHEVOLD  
JON HAUGE (foto)

Yes. Ideene skal yngre og skal nye bedrifter og produser. På laget er industri, universiteter, forskere og kanskje private eiere. I datiltes Forum for Innovasjon, hvor universitetsdirektøren i Oslo, Arild Underdal, var leder for interessen.

— håper å kunne løse noen konkrete prosjekter og også arbeide med å løse hverandre hvordan vi løse frim gode prosjekter. I noen grad vil vi også opp rammesbetingelser for innovasjon. Vi skal gjøre noen lobbyorganiserer men vi vil ta opp sjøl som sikringskapital



Hjerneforskning. Åse Aulie Michelet i Amersham og professor Ole Petter Ottersen samarbeider om hjerneforskning og PET-teknologi.

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**SMM**

## 2003

**MOH requests for an update of previous SMM report, in due time for the National Budget 2004.**

**SMMs strategy:**


- **To make a rapid review of the HTA reports and SRs, published during 2001-2003**



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## Included HTA reports

- › MSAC 2000
- › MSAC 2001
- › MSAC 2002
- › Cedit 2001
- ICES 2001
- › DACEHTA 2001
- › AHRQ 2001
- › AHRQ 2001
- › AHRQ 2002
- › AHRQ 2002
- › AHRQ 2002
- › HTBS 2002
- › AETMIS 2002
- › ICES 2003



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## SMM report 6 / 2003

### Summary


**The clinical use of PET has increased**

**There is still scarce evidence on clinical or health outcome effects**

**PET is more accurate than other diagnostic procedures, especially for procedures within oncology, and should be used in**

- diagnosis of NSCLC and solid lung tumors
- staging of Hodgkins disease
- metastases from malignant melanoma and colo-rectal cancers
- head and neck tumors

**Examinations should be performed within the framework of clinical trials**




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## **Impact - 2**

**MOH in National Budget (2004) :**

**20 mill NOK is allocated together with contributions from industry and Norwegian Research Council, to establish a PET facility at the National Cancer Hospital**



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## **Conclusions**

**SMMs 2 PET assessments have had in impact on political decision-making, mainly because they were based on:**

- **International agreement within INAHTA**
- **Support from national experts**
- **Delivered in time for financial decisions**