Evaluating biomarkers: Creating an evidence base

Professor Peter Furness
Vice President
The Royal College of Pathologists

The National Pathology Catalogue

- Initiative from Department of Health, UK
- Driven by 'Connecting for Health'
- Priorities:
 - 'Order communications'
 - UK-wide entry of results into Electronic Patient Record
- Requires an agreed list of tests that can be used for NHS patients
- But there are consequences and possibilities...

Consequences of a National Pathology Catalogue

- Agreed terminology
- Unified reference ranges
- A system to agree what should be in the catalogue now
- A system to keep the catalogue up to date in the future

Catalogue content?

- Test name and code
- Sample type(s)
- Reference ranges
- When to use, when not to use, level of evidence
 - Clinical validity / utility in known populations
 - Current level of evidence, need for research
 - Probably by hyperlink to other data repository(ies)
- Recommendation for NHS use
 - Any limits on who may request
- Etc, etc.

Possibilities of a National Pathology Catalogue

- Source of guidance
 - For doctors, on how (and how not) to use a test
 - For commissioners / managers, on whether to pay for it
 - For researchers, on where the evidence is lacking
 - For patients especially re. direct to consumer tests
- Simplified route to market acceptance
 - Clarification of what evidence is needed
- Development of expert systems

All depends on high-quality evidence and decision-making

Evaluation for clinical use

- Analytical validity
- Clinical validity
- Clinical utility
- Ethical, legal, social, financial...

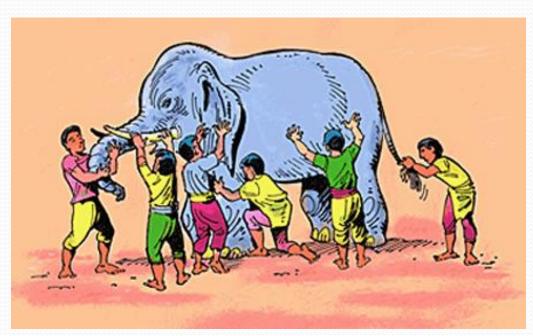
Current evaluation systems

- FDA
 - Does not consider clinical utility
- AMA's Current Procedural terminology (CPT) programme
 - Does not consider clinical utility; opaque?
- Lists from commercial providers
 - Do not provide evidence
- NICE (UK)
 - Considers only a few 'big ticket' issues
- NHS Centre for Evidence-based Purchasing
 - Selective; concentrates mainly on purchasable devices
- Etc, etc...

The breadth of the problem

- Expensive expression array relevant to a common cancer
 - Needs thorough challenge-proof evaluation NICE?
- Biomarker for appropriate drug use
 - Evaluate as part of drug evaluation
- Rare but expensive test (e.g. mass spectroscopy to identify amyloid type)
 - Limit to reference centre, only when specific treatment decision depends on it
- Single gene germline genetic test
 - UKGTN's 'Gene Dossier' system
- Rare but cheap test
 - Single antibody immunohistochemistry to confirm a rare tumour type
- Completely non-commercial test...

The breadth of the problem



It was six men of Indostan
To learning much inclined,
Who went to see the Elephant
(Though all of them were blind),
That each by observation
Might satisfy his mind.

The First approached the Elephant,
And happening to fall
Against his broad and sturdy side,
At once began to bawl:
"God bless me! but the Elephant
Is very like a wall!"

For the full versions of these articles see bmj.com

PRACTICE

Skin biopsy: a new tool for diagnosing peripheral neuropathy

Giuseppe Lauria, Raffaella Lombardi

Neuromuscular Diseases Unit, National Neurological Institute "Carlo Besta", 20133, Milan, Italy Correspondence to: G Lauria glauria@istituto-besta.it

BMJ 2007:334:1159-62 doi:10.1136/bmj.39192.488125.BE

The prevalence of peripheral neuropathy is about 2% in the general population, but it rises to 12% and 17% in people with one or two recognised risk factors. Diabetes is one such risk factor and the most common cause of this disorder—about half of patients who have had diabetes for 25 years have peripheral neuropathy. The early symptoms of diabetic neuropathy and other peripheral neuropathics are due to description.

thinly myelinated $A\delta$ fibres, which carry thermal and pain sensation from the skin to the spinal cord and eventually the brain. Pain induced by non-painful touch stimuli (dynamic mechanic allodynia) is due to large fibre dysfunction and thus is mild or absent in small fibre neuropathy.

Pinprick and thermal sensation may be reduced in

Purely 'academic' suggestion

No patent, no CE mark, no financial backing, no commercial possibilities

Evidence debateable; no discussion or evaluation of clinical utility.

Pathology catalogue governance: A possible framework? Information Standards Board Fast Track Approval **Process National Pathology National** Catalogue **Pathology Governance Board Updating and Maintenance** Catalogue **NLOPs** Deployment Users Strict use of Local Labs **National** Governance LSP Editorial **Process NLOP LSPs** Rules Selection **Current Local Test** Trust/Network Catalogue - Additional Lab(s) Tests

How to collect data?

Current tests

- Huge task
- Arguably unnecessary for inclusion in catalogue
- But vital for 'added value' functions
- Model on & link to current 'E-Learning for Health' project in pathology
 - Heavily moderated 'Wiki' approach
 - Involve trainees
 - Moderated input from anyone

RCPath 'Pathopedia':

Editorial Board

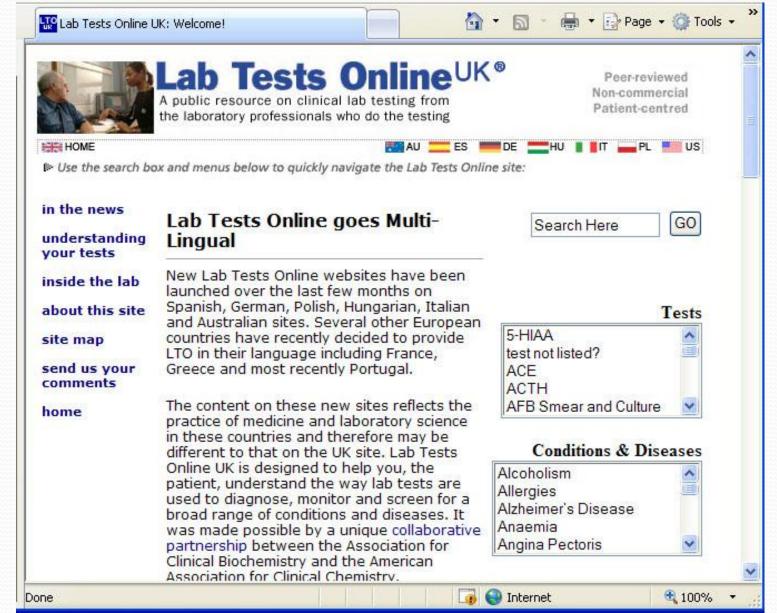
• An Editorial Board has been recruited from the College Fellows and represents experts from all seven major college disciplines (histopathology, haematology, microbiology, biochemistry, virology, immunology and genetics).

Creating the initial critical mass of content

• To be of value the Pathopedia needs a critical mass of content at the launch. To achieve this we plan to recruit all the current trainees across all specialties to help write the initial material.

There are over 1000 trainees and we would require that they each write two pages of content within three months and a total of four within a year.

Repository for information collected?



How to collect data?

New tests

- Initial submission of argument and evidence
- Decision on how to evaluate
 - Proportionate to nature of test
- Call for other views
- Literature search and analysis
- Publication of conclusion (INCLUDING tests rejected for NHS use) with strength of evidence
- Calls for new research
- Ongoing 'moderated Wiki' and review of evidence

Foreseeable problems???

Don't be defeatist. It's been done before.



3.9 Cough preparations

3.9.1 Cough suppressants

The drawbacks of prescribing cough suppressants are rarely outweighed by the benefits of treatment and only occasionally are they useful, as, for example, if sleep is disturbed by a dry cough. Cough suppressants may cause sputum retention and this may be harmful in patients with chronic bronchitis and bronchiectasis.

PHOLCODINE

Indications: dry or painful cough Cautions; Contra-indications; Side-effects: see under Codeine Phosphate

Pholcodine Linctus, BP

Linctus, pholcodine 5 mg/5 mL in a suitable flavoured vehicle, containing citric acid monohydrate 1%. Net price 100 mL = 25p

Dose: 5-10 mL 3-4 times daily; CHILD 5-12 years 2.5-5 mL

Available from APS, Boehringer Ingelheim (Pavacol-D[®], sugar-free), Galen (Galenphol[®], sugar-free), Norton

Cautionary label wordings, see inside back cover

Prices are net, see p.1

