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# Indirect Treatment Comparison Checklist

Date of NDC Meeting:Click or tap to enter a date.

**Name of Medicine:**

**SMC Reference:**

Full Submission or Resubmission: Choose an item.

Type of ITC:Choose an item.

Rationale for ITC:Choose an item.

Type of evidence:Choose an item.

*Before completing this checklist, consider verifying that the submitting company has provided the necessary relevant information (see* [*Initial check of NPAF tool*](file:///N%3A/SMC/Process/Process%20docs/Checklists/Initial%20check%20of%20NPAF%20Tool.docx)*)*

# Section 1

## Description of Indirect Comparison

*Please provide a brief description of the indirect comparison, including the following: Justification; description of statistical methodology and type of comparison (naïve or unadjusted/adjusted [e.g. Bucher] anchored / unanchored); population; number of studies included; comparator(s) and outcomes assessed.*

***Table 1:*** *Summary of indirect treatment comparison to insert into DAD.*

|  |  |
| --- | --- |
| **Criteria** | **Overview** |
| Design |  |
| Population  |  |
| Comparators |  |
| Studies included |  |
| Outcomes |  |
| Results |  |

## Summary of Indirect Comparison Assessment

*Following the completion of this checklist, please provide an overall summary of the indirect comparison, highlighting any issues in regards to the target population, comparator(s) used, Internal validity (search strategy, included and excluded studies, quality of studies, heterogeneity), external validity, choice and reporting of outcomes and relevance to economic evaluation. Please keep this brief and below 200 word-count*

***Note:*** *The DAD statement will be based on information included in sections 1.1 and 1.2*

# Section 2: Methodology

## 2.1 Were the PICO (Population, Intervention, Comparators, and Outcomes) elements identified and appropriate?

*Please,* ***only highlight any issues******regarding PICO elements****; such as, population (are there any differences between the target population and the licensed indication/positioning); Interventions (were the relevant interventions listed); comparators and outcomes.*

*Consider if this reflects the licensed indication or proposed positioning and if the evidence used for the medicine under review* ***and*** *the comparators supports this population.*

***Otherwise,*** *note location, indicate PICO elements were appropriate and move on to the next section.*

## 2.2 Was the Systematic Literature Review (SLR) methodology appropriate?

*Don’t copy and paste KST briefing, simply add hyperlink to the search strategy by KMT and consider if this was appropriate.* ***Were any issues highlighted?***

***Comment only if there are any issues*** *in regards to:*

* *Date(s) in which it was conducted*
* *search terms*
* *search strategy*
* *screening and study selection; did the company provide a list of excluded studies and their reasons? Have they excluded any studies that should have been included?*
* *databases searched*
* *PRISMA diagram not provided or unclear*

*If there are no issues, note the location and indicate that the SLR methodology is valid/acceptable*

## 2.3 Included studies

*List the studies included and indicate if the treatments are relevant to that proposed by the company*

## 2.4 Assessment of quality

*Review the company’s quality assessment of* ***studies included in the indirect comparison****, note location and* ***comment only if there are any issues in regards to high risk of bias and how the company dealt with it****. Otherwise, note that quality of studies is acceptable and move onto the next section*

## 2.5 Network geometry (only applicable to NMAs)

*Note the location in the submission and comment only if there are any issues regarding the network geometry; for example, poorly connected networks depend extensively on indirect comparisons. Meta-analyses of such networks may be less reliable than those from networks where most treatments have been compared against each other. If there are no issues, simply note so.*

*Additional information regarding networks is available here:* [*http://www.prisma-statement.org/documents/PRISMA%20NMA%20checklist.pdf*](http://www.prisma-statement.org/documents/PRISMA%20NMA%20checklist.pdf)

## 2.6 Clinical and methodological differences between studies included in the indirect comparison

*State if no major differences are observed.* ***Comment only on considerable differences*** *or if any characteristics of relevance to the indication have not been considered that could be prognostic factors or effect modifiers. Do not go into much detail, simply state which characteristics are considerably different. If more than 10 studies were included, refer to the company’s table and randomly verify only the most important characteristics.*

***Clinical characteristics:*** *patients characteristics (demographic and clinical characteristics including prior treatments); baseline severity of the condition; interventions (dosing regimens); additional medication used to supplement the study medicine, etc; settings*

***Methodological characteristics:*** *primary outcome(s) measured (objective of each study, definition of outcome, method and frequency of assessment, central or local assessment of outcome); year of publication and phase of study; population used for efficacy analysis and handling of missing data; length of follow-up (median follow-up time or indication of data maturity); study size (patient numbers) and treatment groups in each study; if the data from each study are descriptive or inferential; differences in placebo groups in studies*

* *Has the submitting company accounted for any important differences in clinical or methodological characteristics?*
* ***If a MAIC****, are there any important differences between the studies that have not been or cannot be matched; eg, study design/size, definition of outcomes, length of follow-up, subsequent therapies, baseline patient characteristics etc? (Delete if not applicable)*
* ***If an STC,*** *were any relevant prognostic factors/effect modifiers NOT included in the STC? Provide an overview of any prognostic factors/effect modifiers that were either excluded or could not be included in the STC. Also include any detail regarding unknown or uncertain factors identified in the company submission. In regards to the power of comparison, was the degree (range) of systematic error reported or has an explanation been provided if the systematic error was not provided?*

## 2.7 Conduct and statistical methods

*State if conduct and statistical methods are appropriate.* ***Otherwise, comment only if there are any issues in regards to:***

***Consistency (MTC/NMA only):*** *Are outcome estimates between direct and indirect comparisons conflicting in terms of direction and magnitude (ie, have adequate checks for inconsistency been made)? (Delete if not applicable)*

***Measures of heterogeneity:*** *Were statistical measures of heterogeneity, I2, Q statistic, Tau2, reported, and if so were these interpreted and acted upon appropriately?*

***Choice of statistical model****: Comment on choice of statistical model, fixed vs random effects and justification.*

***If a MAIC****: Have all key baseline characteristics been matched? Are there any important differences between the studies that have not been or cannot be matched? If there are differences post-matching has the submitting company described them carefully and accurately and not dismissed them as “similar”? (Delete if not applicable)*

# Section 3: Results

## 3.1 Were the outcomes in the common control arms similar?

***Note location in the submission****, verify across studies (if too many studies, randomly verify some characteristics) and comment on whether the results across common control arms are similar/different*

## 3.2 Are the results of the indirect treatment comparison clearly presented and what are the results?

*Indicate location in the submission,* ***review company’s results carefully (only key primary outcomes) and briefly describe them in plain English and note how the medicine under review performs against its comparator(s).*** *Consider adding a table*

## 3.3 Were ranking methods presented (only applicable for MTC/NMA)

*Comment if the submission reported rankings with probability estimates and indicate section in which these were reported. Do rankings favour the treatment(s) under review? Are there any issues? Note that rankings may exaggerate small differences in relative effects. (Delete if not applicable)*

## 3.4 Were sensitivity/scenario analyses findings included?

*Comment only if these are relevant to the indication/positioning under review and used in the economic evaluation. If so, please state if results support the proposed indication/positioning. Consider requesting from the company* ***only if strictly necessary******and after discussing with pharmacist and health economist****.*

## 3.5 External validity

*Include an assessment of external validity. Are results likely to be generalisable to patients in Scotland? Consider inclusion/exclusion criteria and patient characteristics. Specify the degree of certainty with the analyses (are the results reliable or should caution be applied, are there a number of limitations).*

# Section 4: Conclusions

## 4.1 What were the submitting company’s conclusions?

*Summarise the company’s conclusion here*

## 4.2 What are the limitations affecting this conclusion

*Consider commenting on the following if relevant:*

* *validity of the conclusion (does it match the results of the analysis?)*
* *population relevant to indication/positioning*
* *clinical, methodological and statistical heterogeneity*
* *risk of bias assessment*
* *systematic error and goodness of fit*
* *limitations of comparators*
* *outcomes not included, which may include safety outcomes and health-related quality of life*

## 4.3 Reviewer’s statement

Despite these limitations, the company’s conclusions seem reasonable. *(Delete as appropriate)*

Due to these limitations, the company’s conclusions are (highly) uncertain.*(Delete as appropriate)*

# References