Michele Schueepp <michele.schueepp@roche.com>

# RE: IPSOS Data Query

1 message

**Rita Caldeira** <Rita.Caldeira@ipsos.com> Wed, May 20, 2015 at 11:48 AM
To: Arijit Mukhopadhyay <arijit.mukhopadhyay@valuedge.com>
Cc: Axel Rocholl <axel.rocholl@roche.com>, "Schueepp, Michele" <michele.schueepp@roche.com>, Vijay Kandpal <vijay.kandpal@valuedge.com>, Agata Atkins <Agata.Atkins@ipsos.com>

Thank you Arijit, I'm glad the explanation has been useful.

I'm afraid it is not possible to use projvalp as a projection factor because the annual patient weights are only valid at overall tumor level (i.e. do not allow for any breakdown such as stage or line, etc.).

However, there is a way of manually 'converting' annual patient's treatments into unique patients in the year.

I'm attaching a spreadsheet with the workings, using Regorafenib in mCRC as an example.

Going back to the treatment duration examples for one full year (i.e. 12 months) in my previous email:

*Patient A: treatment duration = 1 month, patient changes treatment every month → equivalent to 12 patient treatments*

*Patient B: treatment duration = 2 months, patient changes treatment every 2 months → equivalent to 6 patient treatments*

*Patient C: treatment duration = 6 months, patient changes treatment twice a year → equivalent to 2 patient treatments*

Bearing this in mind, for the purposes of this analysis any cases of:

trt length < 1 month (e.g. 7 days = 7/30= 0.2333), the duration is treated as 1 and not as 0.2333;

trt length > 12 months, the duration is treated as 12.

I've applied the above assumptions to each individual patient on treatment with Regorafenib in stage IV CRC.

Then, based on the trt. duration, I worked out to how many patients this equates to over the 12 months period (12/trt.length), and applied that factor to the projected patient's treatments to weight them down to the number to individual patients. For your reference, this has been done for the total and also to each line of treatment.

I hope the assumprtions make sense and are applicable for the purposes of your analysis.

Thank you,

Rita

**Rita Caldeira**

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**From:** Arijit Mukhopadhyay [mailto:arijit.mukhopadhyay@valuedge.com]
**Sent:** 19 May 2015 14:51
**To:** Rita Caldeira
**Cc:** 'Axel Rocholl'; 'Schueepp, Michele'; 'Vijay Kandpal'; Agata Atkins
**Subject:** RE: IPSOS Data Query

Thank you Rita for your very well-explained mail. This makes perfect sense.

Just one more question. In place of ***projvalue*** if we sum up ***projvalp***, would we arrive at the total patient count for a particular drug? Also, all the points that you mention below regarding the projection factors, are all of them applicable to ***projvalp*** as well or just ***projvalue***?

Regarding point 2, I think going for option 2 would make more sense as well. That way we would be able to avoid any outliers and make sure that we work on a 'complete' dataset before deriving any inferences from it.

**Regards**

**Arijit**

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**From:** Rita Caldeira [mailto:Rita.Caldeira@ipsos.com]
**Sent:** Tuesday, May 19, 2015 6:50 PM
**To:** Arijit Mukhopadhyay
**Cc:** Axel Rocholl; Schueepp, Michele; Vijay Kandpal; Agata Atkins
**Subject:** RE: IPSOS Data Query

Hello Arijit,

I hope you are well and thank you for your queries.

Regarding **number 1**

Ipsos tends to report based on annual treatment opportunities, rather than annual unique patients - we feel this better represents the business opportunity available to our clients. Just to illustrate, if a patient received 2 consecutive lines of treatment in a year (e.g. mNSCLC), that patient would be classified as 2 treatment opportunities.

There are a few relevant aspects to bear in mind regarding the annual patient's treatments:

- The purpose of these projection factors is to determine the number of anti-cancer treatments that are

administered to the number of patients within a year
- Every record is individually weighted based on the following specific parameters:
  - Current and previous cycle information:
    - Cycle Length
    - Number of Cycles Given + Additional Planned (how long the patient is involved in drug treatment)
    - Effectively, the longer trt. length, the smaller the difference between the monthly and annual projections (as the same patients will be treated month after month)
  - If full trt. length information is not available (e.g. planned 'until progression'), the patient is weighted as a patient with average trt. length for that tumour type and regimen type

- Additional tumour-specific adjustments are made for some cancers/segments on the basis of historic trends in our data, to correct for outliers:
  - Cancer type
  - Stage
  - Line of Drug Therapy

As per the above, treatment duration is key as it also relates to the frequency of seeing the doctor – and likelihood of patient being captured in the sample. On the months this patient is not seen, we assume there is another "like" patient.

Just to give you a few examples, and considering one full year (i.e. 12 months):

Patient A: treatment duration = 1 month, patient changes treatment every month → equivalent to 12 patient treatments

Patient B: treatment duration = 2 months, patient changes treatment every 2 months → equivalent to 6 patient treatments

Patient C: treatment duration = 6 months, patient changes treatment twice a year → equivalent to 2 patient treatments

➢ The variable proj_value will then provide the individual weight that was attributed to each case in the sample. You can sum those for a yearly total of particular drug and obtain the # of patient treatments – not unique patients - on that drug.

Regarding **number 2**

There are 2 ways we can look at the information.

**Via current anti-cancer treatment**

- Treatment duration data is calculated based on questions currently asked as a part of Patient Diary Form
- For each regimen we ask doctors to provide:
  - ⇨ Length of cycle for the regimen prescribed
  - ⇨ Number of completed cycles patient received up to date
  - ⇨ Number of additional cycles planned for this regimen
- Based on the knowledge from the questionnaire we are able to establish for each regimen:
  - ⇨ Treatment duration up to date: # of completed cycles x cycle length
  - ⇨ Total (planned) treatment duration: (# of completed cycles + # of planned cycles) x cycle length

However, this way of looking at the data includes 2 relevant caveats:

1) We need to rely on the doctors' stated "planned" component for # of cycles, which may or may not be what is actually given to the patient and

2) Some doctors may indicate the current treatment to be continuous and continuous treatments are not counted in the mean

As such, should you require a more precise view of treatment duration, we often opt to analyse completed treatments instead of current (on-going) treatments.

**Via previous/completed anti-cancer treatment**

- Previous treatment duration data is also calculated based on questions currently asked as a part of Patient Diary Form
- For each regimen we ask doctor to provide:
    - ⇨ Length of cycle for the regimen prescribed
    - ⇨ Number of completed cycles
- Previous treatment duration is hence: # of completed cycles x cycle length

I hope this makes sense?

Thank you,

Rita

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**From:** Arijit Mukhopadhyay [mailto:arijit.mukhopadhyay@valuedge.com]
**Sent:** 18 May 2015 12:15
**To:** Rita Caldeira
**Cc:** Axel Rocholl; Schueepp, Michele; Vijay Kandpal
**Subject:** IPSOS Data Query

Hi Rita,

Hope this email finds you well.

I was using IPSOS data for one of our ongoing requests and was wondering if you could kindly help me get some clarity on the 2 points mentioned below.

1. Could you please confirm if it is correct to sum up the values in the patient projection factor field for a molecule - indication combination to get the projected patients for that molecule in that particular indication? For example, if I take the sum of projection factors, would it give me the projected breast cancer patients on anastrozole? Of course, keeping in mind the whole time that projection factors can only be used at an annual

level

2. Secondly, to obtain the average treatment duration of anastrozole in breast cancer patients, will it be correct if I take the average number of cycles and multiply it by the average cycle length for all breast cancer patients on anastrozole?

Thanks for a quick confirmation.

Regards

Arijit

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