IDSI INDONESIA - MISSION REPORT

23rd to 25th August 2017

ABSTRACT

This report contains details of the follow-up visit to Indonesia 23rd to 25th August 2017

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Contents

List of Acronyms

BIA	Budget Impact Analysis
BPJS	Badan Penyelenggara Jamina Sosial (Social Insurance Administration Agency)
CEA	Cost-effectiveness Analysis
CML	Chronic Myeloid Leukemia
CRC	Colorectal Cancer
EE	Economic Evaluation
DALY	Disability Adjusted Life Years
ESRD	End-Stage Renal Disease
GEAR	Guide to Health Economics Analysis and Research Online Resource
GHD	Global Health and Development Team
HePTA/HTA	Health Technology Assessment Program in the Mahidol University
HITAP	Health Intervention and Technology Assessment Program, Thailand
HTA	Health Technology Assessment
HTAC	Health Technology Assessment Committee, Indonesia
IDR	Indonesian Rupiah
iDSI	International Decision Support Initiative
JKN	Jaminan Kesehatan Nasional, the universal healthcare program
mCRC	Metastatic Colorectal Cancer
MoH	Ministry of Health, Indonesia
MoPH	Ministry of Public Health, Thailand
MoU	Memorandum of Understanding
PAH	Pulmonary Arterial Hypertension
PEN	Package of Non-Communicable Disease Interventions
PICs	Persons in Charge
QALY	Quality Adjusted Life Years
QoL	Quality of Life
TKI	Tyrosine Kinase Inhibitors

UHC	Universal Health Coverage
UI	University of Indonesia
UGM	University of Gadja Mada

I. Introduction

The Health Intervention and Technology Assessment Program (HITAP), Ministry of Public Health, Thailand, has been working with the Health Technology Assessment Committee (HTAC), Ministry of Health, Indonesia, since 2014 under the auspices of the International Decision Support Initiative (iDSI).

Since then the HTAC has initiated the process for topic selection, supported the HTAC in Health Technology Assessment (HTA) methodological and process guidelines and completed three HTA studies, namely, the Economic Evaluation of Package of Essential drugs for Non-communicable diseases (PEN) Program in Indonesia, Economic evaluation of treatment of end-stage renal disease and Economic evaluation of treatment for Pulmonary Arterial Hypertension in Indonesia. These studies have increased awareness about priority setting and HTA research in the country.

The year 2017 commenced with the HTAC conducting topic selection independently funded by the Healthcare and Social Security Agency in Indonesia, BPJS Kesehatan (Badan Penyelenggara Jaminan Sosial); Four prioritized topics listed below were identified for conducting HTA. HITAP visited Indonesia from the 23rd August to 25th August 2017 to appraise progress and provide technical support to the local teams. The study topic and rationale for choosing the topic is listed below:

a. Factors associated with the use of nilotinib and imatinib among chronic myeloid leukaemia (CML) patients under universal health coverage (UHC) in Indonesia.
   The first study aims to provide policy recommendations for approving the use of Nilotinib in Indonesia. Contrary to the practice guidelines and evidence from various developed countries where Imatinib is advocated as first line medicine, Nilotinib use is currently higher than it should be. Nilotinib is one of the expensive cancer drugs and based on evidence from other countries it is not reimbursable under the Universal Health Coverage Scheme. Given that the BPJK Indonesia is facing a budget deficit, there could be commendable budget savings if Nilotinib is removed from the JKN reimbursement list. An evidence is required to investigate the cause of this inconsistency in a prescription pattern of drugs used as the first-line drug in the treatment of Chronic Myeloid Leukaemia (CML), namely, imatinib and nilotinib.

b. A systematic review of the effectiveness of insulin analogues compared to human insulin for treatment of type 2 diabetes
   Another team at HTAC is investigating whether insulin analogue provides any additional clinical benefit compared to human insulin, in terms of the effectiveness and health outcome. This study aims to provide evidence to policymakers on usage and reimbursement of insulin analogue. Similar to the study above, the results of this study will help the Indonesian Ministry of Health identify gaps in prescription practices and procure insulin at a competitive price along with significant saving which can be invested in other efficient and sustainable interventions.

Next, are the teams from the University of Indonesia (UI) and University of Gadjah Mada (UGM) are investigating the following topics which are full-fledged economic evaluations

c. Clinical effectiveness of EE of cetuximab on metastatic colorectal cancer
d. Economic evaluation of bevacizumab in addition to chemotherapy for metastatic colorectal cancer (mCRC) in Indonesia.

Both Cetuximab and Bevacizumab are one of the most expensive drugs for the treatment of metastatic coleo-rectal cancer(mCRC). Both the studies aim to assess the clinical effectiveness and economic evaluation of the drugs form mCRC. Overall, the four studies are on track. For the two teams from the HTAC, factors such as limited technical expertise and lack of funding for the project might impede completion of the studies. For the teams from the Universities, completion will be determined by the time taken in data collection. Short term goals for the four teams would be to organize their research and proceed with the ethical approvals for the data collection. The studies are likely to conclude by December 2017 and the dissemination of the results will take place by early 2018.

II. Summary of the meeting

This two and half day workshop offered opportunity for the local research team and HITAP team to discuss the progress of their HTA studies and difficulties faced while conducting the study. In addition, HITAP team provided technical support based on their request. The first day commenced with the four teams presenting progress and the hurdles faced. This was helpful as the HITAP team could gauge progress and come up with an action plan accordingly. Next two days, we to split into groups and provide direct technical support. This report summarizes the activities and discussions during the visit.

a. Project a: Factors associated with the use of nilotinib and imatinib among chronic myeloid leukaemia (CML) patients under universal health coverage (UHC) in Indonesia.

Background

In Indonesia, two kinds of tyrosine kinase inhibitors (TKI) are used for the treatment of chronic myeloid leukaemia (CML), namely, imatinib and nilotinib. These TKI's are included in the Indonesian National Formulary (FORNAS). The FORNAS restricts the use of nilotinib to cases which are intolerant or resistant to imatinib; imatinib is prescribed for Philidelphia positive gene mutation only. On the contrary, a study conducted by Reksodiputro et al, 2015[1] indicates that in Indonesia the prevalence of CML patients with gene mutations requiring nilotinib is about 13%. The claims data from BPJS shows that over 25% of CML cases have been using nilotinib in the last 3 years. Nilotinib and imatinib are included in the JKN benefits package and are the top 5 most expensive drug claims outside the INA CBG (Indonesia Case-Based Group) package.

It is important to note that the practice guidelines specify imatinib as the first line medicine but the prescription of nilotinib is currently higher than it should be. This study aims to identify reasons for the inconsistency in the prescription patterns This may be attributed to several factors such as (but not limited to) availability of imatinib, the prescription practices followed by health practitioners, and the process of getting approvals for the reimbursement of nilotinib; should imatinib still be the first line of treatment for CML, is it possible to negotiate the price of imatinib with the pharmaceutical company? The teams plans

[1] Reksodiputro AH, Tadjoedin H, Supandiman I, Acang N, Kar AS, et al. (2015) Epidemiology Study and Mutation Profile of Patients with Chronic Myeloid Leukemia (CML) in Indonesia. J Blood Disord Transfus 6:271. doi: 10.4172/2155-9864.1000271

to conduct a literature review and pair it with a qualitative study involving interviews with key stakeholders and experts in the field. The aim here is to identify the most cost efficient and sustainable treatment regimen CML, in the most transparent and evidence based manner.

Key points from the discussion

There was a need for clarifying the objective of the study. Therefore, the conceptual framework was revisited. Details are as follows:

The use of Imatinib and nilotinib in Indonesia is associated with the following factors:

- Physician factors
- System factors
- Hospital-specific factors
- Patient-specific factor
- Private pharma Industry factor

On further discussion the last two factors i.e. Patient-specific factor and private pharma industry factor were eliminated. Primarily due to two reasons: Firstly, due to the asymmetry of information in the health market patients do not have much of a say in the type of treatment regimen they would want to avail. Secondly, as resources are scarce, interviewing the private pharmaceutical companies would not be feasible.

Thus, the conclusion was, the first three factors will be explored in detail and the objective was narrowed down to:

a. To examine factors associated with the use of nilotinib and imatinib among chronic myeloid leukaemia (CML) patients under universal health coverage (UHC) in Indonesia.
b. To compare the clinical practice/reimbursement guidelines for Nilotinib use in CML between Indonesia & other countries.

The design of the study would be a cross-section survey & in-depth interview, literature/document review. Literature review should include - review clinical practice and reimbursement guidelines from 3 low- and middle-income and 3 high-income countries with those of Indonesia i.e.

Low- and middle-income countries – Thailand, Malaysia, Philippines

High-income countries – Australia, Taiwan, UK (on NICE website)

Following was discussed for the survey and in-depth interview

Sample and sample size for the survey, the team after internal discussion with the HTAC will decide their strategy of identification of each interviewee and method for selection of sample size. For the survey, the team plans on interviewing various stakeholders. HITAP team suggested questions and drew a detailed framework for the questionnaire (Appendix d).

HITAP role and support

HITAP team explained the local team how they could narrow down their literature search. Further sustenance in form of relevant journal publications and related documents, was provided.

Keeping in mind the budget constraints, the foremost recommendation was to perform a literature search. Reviewing the accessible domestic policy documents and some other documents online was suggested.

Next, we discussed the methodology and triangulation would prove to be beneficial. Not only it would make the study findings robust but also the results would be eligible for publication in international journals. For further clarity, we supported the team in formulating questionnaires, by drawing a framework for the questionnaire. (Appendix d).

Next steps

Team to review the current policy documents available over the internet and study in detail the policies and process in three developing and developed countries of choice.

b. Project b: Systematic review of the effectiveness of insulin analogues compared to human insulin for treatment of type 2 diabetes

Background

This study is relevant due to the high burden of type 2 diabetes in Indonesia. The prevalence of type 2 diabetes amongst patients aged 15 years and above in Indonesia is 6.9 % and the economic burden associated with diabetes is significant. In Indonesia, both human insulin and animal insulin analogues, are listed in the National Drug Formulary or the FORNAS. Human insulin is recommended for treating patients with type 1 diabetes and in diabetes during pregnancy. Whereas, insulin analogues are used for treating uncontrolled diabetes in patients or special conditions such as giving insulin for controlling glucose levels before surgery. However, as per the current clinical practice, 96% of patients receive insulin analogues, while only 4% use human insulin. Therefore, the research team aims to assess the effectiveness of insulin analogue compared with human insulin. A secondary research question is to conduct a qualitative study to identify why insulin analogue is prescribed more in Indonesia.

Key points of discussion

The local research team finished searching two databases. The literature search has narrowed down the number of articles to 19 articles which will require full-text reading. The discussion during the meeting was mainly about the approach and process of conducting a comprehensive review. The research team discussed and agreed on the included articles after screening titles and abstracts. During the meeting, a data extraction form was developed. The research team also discussed the quality assessment tools and agreed that the Cochrane Risk of Bias Tool is preferable to assess the quality of RCT.

Furthermore, clinicians from Indonesia gave information that the higher use of analogue insulin in Indonesia is attributed to the fact that there is less human insulin available in the market. Even though clinicians would like to prescribe human insulin, it's not procured by the hospitals. The reason may be because there is an oligopoly market comprising Ely Lilli, Novo Nordisk, and Sanofi Pharma. Given this the team agreed that conducting a qualitative study to identify the current practices of prescribing insulin analogue rather than human insulin is not be necessary.

HITAP's role and support

The HITAP team shared their experiences in conducting systematic reviews and provided relevant materials. In parallel, they also searched the literature to verify that the key articles are identified from the search terms. In addition, the HITAP team helped the domestic team refine the results from the literature review, develop the data extraction form and identify the tools for assessing a quality of included studies.

Next steps

The local team was assigned the task of completing the data extraction form. HITAP to provide remote support.

c. Project c & d: Clinical effectiveness of Economic Evaluation of cetuximab on metastatic colorectal cancer & Economic evaluation of bevacizumab in addition to chemotherapy for metastatic colorectal cancer (mCRC) in Indonesia.

The two studies undertaken by UI and UGM are economic evaluations for targeted treatments of cetuximab for metastatic colorectal cancer (mCRC) and bevacizumab for colon cancer. They are discussed together as they have comparable research objectives.

Background

Indonesia included cetuximab and bevacizumab in the national formulary in 2014 (until June-2016). So far, it has accounted for 0.5 million USD in treating 32 patients. As the costs are strikingly high, these drugs are discouraged as first-line treatment options even in high-income countries. Thailand for instance does not include both drugs in the UHC benefits package. After cetuximab was included in the Indonesian national formulary in 2014 (until June-2016), it had already accounted for 6.5 billion IDR (0.5 Million USD) for treating only 32 patients. Bevacizumab is equally expensive and costs IDR 4.8 million/vial (100 mg in 4 ml) or about 400 USD/vial.

Another reason why both the drugs should not be included in the UHC is, targeted treatment for metastatic colon cancer prolongs life by a year and given the side effects from treatment and the incapacitating effects of the disease, this is inefficient use of resources.

Cetuximab study

Key points of discussion

As each team has a different panel of expert it is important to define a 'operational definitions' for progression of a health state. To address this concern, it was recommended to consult health clinicians or doctors about operational criteria for checking and matching before inclusion or exclusion in the study.

A national guideline exists, while each hospital also has their own guideline for treating mCRC though these are not endorsed by the government. Thus, results varied practices in delivery of treatment for mCRC.

HITAP role and support

The reporting method for the systematic review was discussed. The study focuses on treatment and included all single consequences such as Adverse Drug Reaction (ADR). Quality assessment of included studies following the Grading of Recommendations Assessment, Development, and Evaluation (GRADE). RevMan will be used for pooling data, however, only direct treatment comparison is allowed. Network meta-analysis or multiple treatment comparisons (MTC) might be considered and can be performed using STATA. Treatment effects analyzed by direct comparison and indirect comparison are slightly different.

Next, the team updated about the status of data collection

Costing from two hospitals in the two provinces is about to start, with approval from the four hospitals received. Ethical approval awaited from two hospitals. Data has been collected from patients who are in the process of getting treatment at the time of the study.

Few issues reported with the data collection were –

- Doctors who treat colorectal cancer include a variety of specialists (surgical or medical oncologist).
- Standardization of health state is a concern; confirmation of physician on progressive state vs stable state.
- Direct Medical Cost(DMC) is retrospective while Direct Non-Medical Cost (DNMC) & utility from patients who are still under treatment.
- Data from DMC can be averaged and then added to indirect costs.
- For calculating utilization of cetuximab, patients should meet inclusion criteria as utilization data also includes inappropriate use.

Bevacizumab study

Background

Bevacizumab is an expensive drug and costs IDR 4.8 million/vial (100 mg in 4 ml) or about 400 USD per dose. In Indonesia, bevacizumab was approved by Ina-FDA “Badan Pengawas Obat dan makanan” (BPOM) in 2006 for indication of mCRC, used in combination with:

- Fluorouracil, leucovorin and oxaliplatin (FOLFOX) and
- Fluorouracil, leucovorin and irinotecan (FOLFIRI) (Anonim, 2014)

Bevacizumab as a new therapy showed better effectiveness, however, it also accounted for the higher cost compared to standard treatment and therefore, an economic evaluation of bevacizumab for the treatment of mCRC is required.

Key points of the discussion

The data collection has kicked-off for the UGM team and the calculation of costs were deliberated. For model input, it was discussed that the cost of treatment and the cost of palliative care is required. The

cycle length should be based on the research question; in this case, it should be 3 months. Based on the systematic review of the clinical effectiveness of Bevacizumab data were summarized in terms of median survival time. This may not be applicable for Markov models. It was suggested that hazard ratios (HR) are required for the Markov model as the probability of the death (overall survival) and disease progression (disease-free survival).Few issues faced by the team were

- Missing medical records
- Mixed treatment regimen followed by doctors.

HITAP role and support

For inefficient use of the drug, the team decided that doctors should be consulted for classifying patients who meet the criteria while considering cases under inefficient use. This needs to be addressed by assessing qualitative data as it is beyond the scope of an economic evaluation.

One possible solution to adress the issue is, patients will be divided into two groups i.e. one group with mCRC patients who have received bevacizumab or cetuximab treatment and meet inclusion criteria and the other group comprising patients with mCRC who report misuse of bevacizumab or cetuximab. Patients who do not meet eligibility criteria and are treated by bevacizumab or cetuximab will be excluded from the study.

Next, the inclusion and exclusion criteria were discussed. The experts define the inclusion and exclusion criteria; clinicians select cases based on the criteria and then confirm with the expert. These are:

- mCRC newly diagnosed
- mCRC after relapse
- The Systematic Review will include studies from 2010 to 2016 and for FOLFOX and FOLFIRI only.

Next steps

Both the teams to focus on completion of data collection, then proceed towards constructing the model feed it with dummy variables and validate.

III. Future activities

The next visit is planned for November 20th to 23rd November 2017. Next steps for the HITAP team and a few risks associated with the teams are listed below:

- For the teams pursuing a full-fledged economic evaluation (i.e. Project c & d), they require primary data collect. This task seems to be daunting as of now because private hospitals are reluctant to provide permission for data collection. Both the studies have plan to analyze several key parameters, going forward this may not be feasible. Action point for HITAP team is to provide remote support the local team and prioritize the parameters that must be analyzed, identify alternate sources and methods to review data.

- For Project a and b, both the teams lack technical capacity on HTA, do not have clarity on the objectives of the study and the team members are not adequately skilled to conduct a

literature/systematic review. Thus, action point for HITAP team is to follow-up actively and schedule regular tele-conferences, to ensure quality and timely completion of deliverables.

- Lastly, to follow-up and provide support for completion of the methodological and process guidelines.

IV. Appendix

a. Agenda

Wednesday, 23rd of August		
09:00 to 09:30 AM	Registration	
09:30 AM to 09:45 AM	Organizing committee report	Drg. Armansyah
09:45 AM to 10:00 AM	Opening Remark	Head of PPJK
10:00 AM to 10:30 AM	Group I	UI Team
10:30 AM to 11:00 AM	Group II	UGM Team
11:00 AM to 11:30	Group III(Insulin)	PPJK Team
11:30 AM to 12:00	Group IV (Nilotinib)	PPJK Team
12:00 to 13:00	Lunch	
13:00 to 15:30	Discussion on study progress	HITAP & HTA Committee
15:30 to 15:45	Coffee break	
15:45 to 17:30	Discussion	HITAP & HTA Committee
17:30 onwards	Dinner	
Thursday, 24th of August		
09:00 to 12:00	Discussion on collected data	HITAP, HTA & Study team
12:00 to 13:00	Lunch	
13:00 to 15:30	Data Analysis	
15:30 to 15:45	Coffee Break	
15:45 to 17:30	Data Analysis	
17:30 onwards	Dinner	
Friday, 25th of August		
09:00 to 10:30	Discussion on next step	All
10:30 to 11:00	Meeting conclusion	All
11:00 to 11:15	Future Plan	All
11:15 to 11:30	Closing Remark	Head of PPJK
11:30 onwards	Lunch	

b. List of Participants

S.No.	Name	Organisation
1	dr. Kalsum Komaryani, MPPM	Kepala Pusat Pembiayaan & Jaminan Kesehatan
2	Prof. dr. Sudigdo Sastroasmoro, SpA(K)	Ketua Komite Penilaian Teknologi Kesehatan
3	drg. Armansyah, MPPM	Kepala Bidang Evaluasi Ekonomi Pembiayaan Kesehatan
5	DR.drg. Mardiati Najib, M.Sc	FKM - Universitas Indonesia / KPTK
8	Dr. Dra. Erna Kristin, Msi, Apt	Lektor Kepala FK. Universitas Gajah Mada
9	Mazda Novi Mukhlisa, SKM	Kasubbid Analisis dan Efisiensi Pembiayaan Kesehatan PPJK
10	Amila Megraini, SE, MBA	FKM - Universitas Indonesia
11	Benjarin Santatiwongchai	H I T A P
12	Rajibul Islam	H I T A P
14	Manushi Sharma	H I T A P
15	Dr. Montarat Thavorncharoensap	H I T A P
16	Kartik Sharma	H I T A P
17	Kankamon Kittrongsri	H I T A P
18	Tuangrat Phoda	H I T A P
19	Ranti Dewi, SKM	Bidang Penilaian Teknologi Kesehatan
22	Agung Indarto, SE	Bidang Penilaian Teknologi Kesehatan
23	dr. Eva Herlinawaty	Bidang Penilaian Teknologi Kesehatan
24	Noventy C. Manik, SKM, MKM	Bidang Penilaian Teknologi Kesehatan
25	Fatma Rahmi	Bidang Analisis Efektifitas dan Efisiensi Pembiayaan Kesehatan
26	Vetty Yulianty	FKM. Universitas Indonesia
27	Hastuti Lestari	FK. Universitas Gajah Mada
28	Rizaldy P	FK. Universitas Gajah Mada
29	Hary Agus Sanjoto, MPH	Asisten Konsultan Pusat Kebijakan dan Manajemen Kesehatan UGM
30	Dr. Dwi Endarti, MSc, Apt	Asisten Ahli Fakultas Farmasi Universitas Gajah Mada
31	Dr. dr. Sri Idiani, Sp.KJ	Puslitbang SD Yankes/Peneliti Madya
32	Ery Setiawan, SKM	Bagian Tata Usaha PPJK
33	Septiara P	FKM. Universitas Indonesia
34	Jessica Novia, S.Farm, MSc, Apt	FK. Universitas Gajah Mada
35	dr. Yusuf Subekti	Bidang Evaluasi Ekonomi Pembiayaan Kesehatan PPJK
36	Indra Yoga, SKM, MKM	Bidang Evaluasi Ekonomi Pembiayaan Kesehatan PPJK
37	RR. Harshinta, SKM	Bidang Evaluasi Ekonomi Biakes
38	Mukhlissul Faatih, M. Biotech	Puslitbang SD Yankes/Peneliti Muda
39	dr. Levina Chandra, MPH	Fakultas Kedokteran Universitas Indonesia
40	dr. Frans Dany	Peneliti, Puslitbang Biomedis dan Teknologi Dasar Kesehatan

41	Ida Susanti, ST, Msi	Peneliti, Puslitbang Biomedis dan Teknologi Dasar Kesehatan
42	Roni Syah Putra, S.Farm, Apt,MKM	Administrasi Kesehatan Ditjen. Kefarmasian dan Alkes
43	Andy Leny Susanty, SSi, Apt, MKM	Puslitbang SD Yankes/Peneliti Muda
44	M Noer Ibtidail	Fungsional Biro KSLN
45	Lilin Riana	Bagian Tata Usaha PPJK
47	Siti Rizny F Saldi, Apt, MSc	Unit CEEBM RSCM - FK. Universitas Indonesia

c. Team composition

No.	Topic	Indonesian team and composition	HITAP team
1.	Factors associated with the use of nilotinib and imatinib among chronic myeloid leukemia (CML) patients under universal health coverage (UHC) in Indonesia.	1. Ranti Dewi, Health Financing and Health Insurance, PPJK, Ministry of Health 2. Frans Dany, Health Financing and Health Insurance, PPJK, Ministry of Health 3. Roni Syah, Health Financing and Health Insurance, PPJK, Ministry of Health 4. Yusuf Subekti, Health Financing and Health Insurance, PPJK, Ministry of Health 5. Sri Idaiani, Health Financing and Health Insurance, PPJK, Ministry of Health	1. Dr Montarat Thavorncharoensap 2. Benjarin Santatiwongchai 3. Manushi Sharma
2	Systematic review of effectiveness of insulin analogues compared to human insulin for treatment of type 2 diabetes	1. Eva Herlinawati Health Financing and Health Insurance, PPJK, Ministry of Health 2. Mazda Novi Mukhlisa Health Financing and Health Insurance, PPJK, Ministry of Health 3. Ida Susanti National Institute of Health Research and Development, Ministry of Health	1. Waranya Rattanavipapong 2. Kittiphong Thiboonboon

		4. Andi Leni Susanty National Institute of Health Research and Development, Ministry of Health 5. Mukhlissul Faatih National Institute of Health Research and Development, Ministry of Health 6. Anesya Syafriadi Directorate of Medical Device and Household Products Evaluation, Ministry of Health	
3.	Clinical effectiveness of economic evaluation of cetuximab on metastatic colorectal cancer.	1. Amila Megraini, Univeristy of Indonesia 2. Vetty Yulianty, University of Indonesia 3. Siti Rizny F. Saldi, University of Indonesia 4. Levina Chandra Univeristy of Indonesia 5. Septiara Putri, University of Indonesia	1. Kankamon Kittrongsri 2. Tuangrat Phoda 3. Rajibul Islam 4. Kartik Sharma
4.	Economic Evaluation of bevacizumab.	1. Erna Kristin, Uniersity of Gadja Mada 2. Trimurtia, University of Gadja Mada 3. Endarti, University of Gadjah Mada	

d. Other relevant material

1. Questionnaires for team Nilotinib - https://1drv.ms/w/s!AlDTnn2eTgvQlkiTmPJgKso1j9eP
2. Presentations from DAY 1 –

- Project a : Factors associated with the use of nilotinib and imatinib among chronic myeloid leukaemia (CML) patients under universal health coverage (UHC) in Indonesia; Presentation at: https://1drv.ms/p/s!AlDTnn2eTgvQllAewzxQwqBLNO4g
- Project b: Systematic review of effectiveness of insulin analogues compared to human insulin for treatment of type 2 diabetes; Presentation at: https://1drv.ms/p/s!AlDTnn2eTgvQllAewzxQwqBLNO4g

- Project c: Clinical effectiveness of economic evaluation of cetuximab on metastatic colorectal cancer; Presentation at: https://1drv.ms/p/s!AlDTnn2eTgvQlkzTSGTzr4MXDCTO
- Project d: Economic Evaluation of bevacizumab; Presentation at: https://1drv.ms/p/s!AlDTnn2eTgvQlkqZC5AxNMMkFi1t