

I. Prioritization Criteria, 1st Draft, May 14, 2009 (distributed to TEPP before first conference call)

Draft Prioritization Criteria for BCBSA TEC Pilot Project on Identifying Research Needs on *Comparative Effectiveness of Therapies for Clinically Localized Prostate Cancer* (Minnesota EPC, February 2008)

When approved, the following criteria will be used to prioritize (1) research gaps originally identified in Minnesota EPC's comparative effectiveness review and modified by members of the pilot project Technical Expert Panel and (2) potential studies recommended by the TEPP members to fill those gaps.

| Category | Applies to | Criterion |
|------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Importance | Research gaps and potential studies | ▪ Addresses issue with important uncertainty for decisionmakers. |
| | | ▪ Incorporates both clinical benefits and potential clinical harms. |
| | | ▪ Represents important variation in clinical care or controversy in what constitutes appropriate clinical care. |
| | | ▪ Addresses high costs due to common use, high unit costs, or high associated costs to consumers, patients, health-care systems, or payers. |
| Potential value | Research gaps and potential studies | ▪ Potential for significant health impact: <ul style="list-style-type: none"> ○ To improve health outcomes. ○ To reduce significant variation in clinical practices known to be related to quality of care. ○ To reduce unnecessary burden on those with health-care problems. |
| | | ▪ Potential for significant economic impact: <ul style="list-style-type: none"> ○ To reduce unnecessary or excessive costs. |
| | | ▪ Potential for change: <ul style="list-style-type: none"> ○ The proposed topic exists within a clinical, consumer, or policymaking context that is amenable to evidence-based change. |
| | | ▪ Potential risk from inaction: <ul style="list-style-type: none"> ○ Unintended harms from lack of evidence for decisionmaking. |
| | | ▪ Addresses inequities, vulnerable populations (including issues for patient subgroups). |

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|----------------------------------------|-------------------|------------------------------------------------------------------------------|
| Feasibility | Potential studies | <i>Factors to be considered:</i> |
| | | ▪ Interest among researchers. |
| | | ▪ Is not redundant with published or ongoing research. |
| | | ▪ Duration. |
| | | ▪ Cost. |
| | | ▪ Methodological complexity (e.g., do existing methods need to be refined?). |
| | | ▪ Complexity of implementation. |
| | | ▪ Facilitating factors. |
| ▪ Identification of potential funders. | | |