

Refining The Modeling Assumptions To Understand The Population Health Impact After Introducing A Reduced-Risk Product Into A Market

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Coresta Meeting – Hamburg , Germany October 8, 2019 Systematic process that uses an array of data sources & analytic methods. It considers input from stakeholders to determine the potential effects of a proposed policy, plan, program, or project on the health of a population and the distribution of the effects within the population.

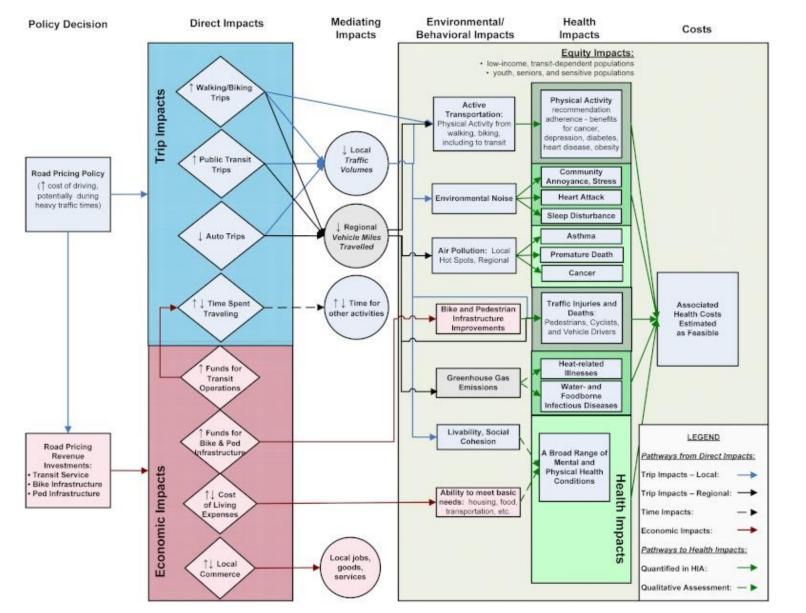
Provides recommendations based on monitoring and managing those effects.



Source: CDC Course: "Introduction to Public Health Surveillance" (https://www.cdc.gov/publichealth101/surveillance.html)

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Health Impact Assessment





Source: SFDPH (San Francisco Department of Public Health) Assessing the Health Impacts of Road Pricing Policy Proposals. Program on Health Equity and Sustainability, San Francisco Department of Public Health. 2011. [online: http://www.sfphes.org/HIA Road Pricing.htm]

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Characterization of health effects relies on qualitative and quantitative evidence.

- Local conditions and concerns
- Interviews with key informants
- Surveys
- Epidemiologic data(e.g., cross-sectional surveys, longitudinal studies, and intervention or experimental studies)
- Measurement of physical environmental/cultural conditions
- Expert opinion

Source: National Research Council (US) Committee on Health Impact Assessment. Improving Health in the United States: The Role of Health Impact Assessment. Washington (DC): National Academies Press (US); 2011. 3, Elements of a Health Impact Assessment. Available from: https://www.ncbi.nlm.nih.gov/books/NBK83540/



Public Health Surveillance

- Identify patients and their contacts for treatment and intervention
- Detect epidemics, health problems, changes in health behaviors
- Estimate magnitude and scope of health problems
- Measure trends and characterize disease
- Monitor changes in infectious and environmental agents
- Assess effectiveness of programs and control measures
- Develop hypotheses and stimulate research

Source: CDC Course: "Introduction to Public Health Surveillance" (https://www.cdc.gov/publichealth101/surveillance.html) Source: WHO HTPs Market Monitoring Information Sheet (https://apps.who.int/iris/bitstream/handle/10665/273459/WHO-NMH-PND-18.7-eng.pdf)



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Tobacco Harm Reduction -The setting is different ... BUT ... The principles are the same



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Implementing Surveillance

Public Health Surveillance

WHO – Surveillance to Monitor Heated Tobacco Products

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- Collect Information on Users (demographics)
- Infrastructure should be established to collect and catalogue data & metrics
- Monitor growth trends in these products
- Development of metrics (e.g., product use, conversion rates, price, sales)
- Capture aspects of HTP positioning and sales strategy
- Track information on use through user surveys exploiting global surveys, etc.



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Original Japanese Modeling

Prior to Monitoring & Surveillance

Modeling Impacts of Marketing the Product in Japan

Check for updates

Regulatory Toxicology and Pharmacology 100 (2018) 92-104



Estimating the population health impact of introducing a reduced-risk tobacco product into Japan. The effect of differing assumptions, and some comparisons with the U.S.

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ARTICLE INFO

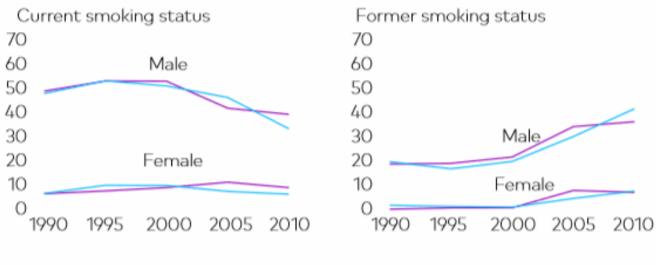
ABSTRACT

Keywords: Smoking Modelling Attributable risk Reduced-risk tobacco product Harm reduction	We estimated, using previously described methodology, the population health impact of introducing a reduced- risk tobacco product (RRP) into Japan. Various simulations were carried out to understand the impact on the population in different situations over a 20-year period from 1990. The overall reduction in tobacco-attributable deaths from lung cancer (LC), ischemic heart disease (IHD), stroke, and chronic obstructive pulmonary disease (COPD) for men and women combined was estimated to be 269,916 over the period if tobacco use disappeared completely at baseline. In contrast, reductions ranging from 167,041 to 232,519 deaths were estimated if the RRP totally replaced smoking at baseline (assuming that switching to it had an effect equivalent to 70%–90% of the effect of quitting). If, more plausibly, the RRP were introduced at baseline, with uptake rates consistent with the known uptake of the RRP <i>IQOS</i> [*] , the reductions would still be substantial (from 65,126 to 86,885 deaths). Expressed as a percentage of attributable deaths, these proportions are larger than those for the U.S., based on likely uptake rates. We discuss various limitations of the approach, though none should affect the conclusion that the introduction of an RRP into Japan will substantially reduce tobacco-related deaths.
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Verifying the Model – without RRP

Smoking prevalence in 50-54 y/o age group. Comparison between Japan MOH data and PMI simulation



Source: MOH

Source: PHIM

Cumulative Impact of THS Introduction on the Disease-Specific Mortalities 20 Years after the Introduction of RRP by Disease, Sex and f-value for all Ages Combined, all diseases (Lung cancer, COPD, Stroke, IHD) simulated for period 1990–2010



Source: Poster "Modeling the Population Health Impact of Introducing a Reduced Risk Product into the Japan Market" – GFN 2018

Timeline of Heated Tobacco Products

FIG. 1: HTP TIMELINE IQOS ECLIPSE LAUNCH WITHDRAWN PLOOM-MEVIUS LAUNCH PREMIER ACCORD **HEATBAR** REVO ECLIPSE ACCORD LAUNCH LAUNCH LAUNCH WITHDRAWN WITHDRAWN LAUNCH GLO LAUNCH 2002 2004 2005 ~99⁰ ~99¹ 2009 Sol 1994 ~9⁶⁵ 2000 2003 2006 2001 2008 2010 2013 2014 2007 2016 198° 1989 2022 2015 2011 PREMIER ECLIPSE NATIONAL HEATBAR PLOOM-JTI REVO WITHDRAWN DISTRIBUTION LAUNCH AGREEMENT WITHDRAWN PLOOM **JTI BUYS PLOOM** LAUNCH **IFUSE LAUNCH**



Source: WHO HTPs Market Monitoring Information Sheet (https://apps.who.int/iris/bitstream/handle/10665/273459/WHO-NMH-PND-18.7-eng.pdf)



What can influence the Results and Interpretation?

Designing the Post-Market Surveillance

- Changes in a population
- Transition Probabilities
 - Who is switching to the RRPs?
 - What is the rate of uptake?
 - What are the rates of use patterns?
 - Are there unintended consequences? (e.g., initiation)
- Population Relative Risk (the f-factor)
 - For exclusive use?
 - For dual use? (what is the pattern of dual use?)



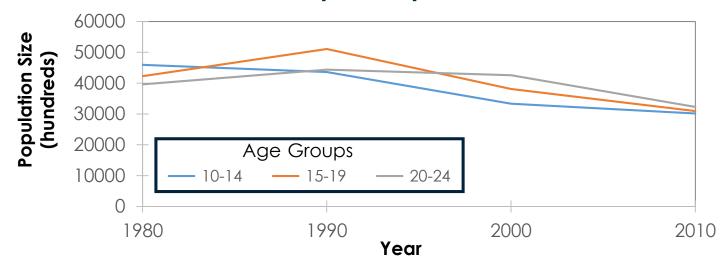
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Changes in the Japanese Population

Japanese Male Population - 2009

Country	Age	Population (hundreds)	% current smokers	% former smokers
Japan	10–14	43555	0.0	0.0
	15–19	51159	28.7	0.0
	20–24	44177	62.6	3.8
	25–29	40407	66.5	6.8
	30–34	38933	67.7	10.3
	35–39	45296	65.6	12.7
	40–44	52955	60.3	14.4
	45–49	44388	58.5	16.1
	50–54	39633	57.1	17.8
	55–59	37399	53.8	20.7
	60–64	31883	56.5	24.6
	65–69	21418	51.1	27.2
0010	70–74	15255	44.6	27.6
2010	75–79	11779	39.0	29.1

WHO Data: Japan Population 1980-20



Source: https://doi.org/10.1016/j.yrtph.2018.10.010 - Submitted August 2018.



Source: Population – United Nations Department of Economic and Social Affairs Population Division (2015)

Looking at tobacco volumes – Indirect Measure

RRPs: The Single Most Impactful Tool in Reducing Cigarette Consumption HTUs Japan Industry Volume Cigarettes (billion units) (2.0)% (4.2)% (1.9)%(1.8)%^(a) % Var. vs. PY Cigarette 25% 200 **Smoking Prevalence** 150 100 50 20% 0 2015 2016 2017 2018 Forecast (a) YTD August, 2018 Note: Industry volume reflects cigarettes and heated tobacco units Source: PMI Financials or estimates, Tobacco Institute of Japan and PMI Market Research 12



Source: Philip Morris International Investor Day 2019

Looking at tobacco volumes – Indirect Measure

BMJ Journals

Tobacco Control



Research paper

Effect of IQOS introduction on cigarette sales: evidence of decline and replacement

Michal Stoklosa,^{•1} Zachary Cahn,¹ Alex Liber,^{•1} Nigar Nargis,^{•2} Jeffrey Drope¹

ABSTRACT

 Additional material is published online only. To view please visit the journal online (http://dx.doi.org/10.1136/ tobaccocontrol-2019-054998).

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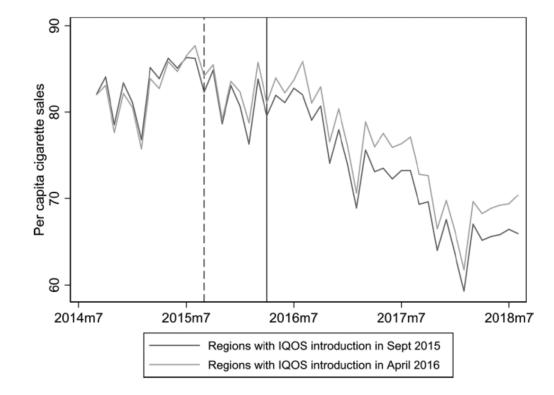
Correspondence to

Michal Stoklosa, Economic and Health Policy Research, American Cancer Society, Atlanta, GA 30310, USA; michal.stoklosa@cancer.org

Received 7 February 2019 Revised 2 April 2019 Accepted 29 April 2019 **Background** Philip Morris International, one of the largest transnational cigarette manufacturers, has heavily invested in its new heated tobacco product, IQOS, marketing it aggressively as a less harmful alternative to cigarette smoking. The company's assertions that the product replaces cigarettes in a market have never been independently tested. The objective of this study is to determine whether introduction of IQOS affected cigarette sales in a large economy.

Data and Methods Using 2014 to 2018 monthly retailer panel data from Japan, we analyse whether different dates of IQOS introduction across Japan's regions are reflected in the patterns of cigarette sales in those regions. A series of placebo models are estimated to test if events other than IQOS introduction could have better explained the observed trends in cigarette sales. **Results** Cigarette sales begin to substantially decline at the time of the introduction of IQOS in each of 11 Japanese regions (Chow tests p<0.001). IQOS

regular cigarettes. Unlike regular cigarettes, which combust tobacco leaves, HTPs heat a processed tobacco leaf substance at a high temperature slightly short of combustion. Unlike e-cigarettes, which aerosolise a liquid containing varying amounts of nicotine (or no nicotine at all). HTPs release the nicotine directly from tobacco leaf. The product has begun to show substantial sales growth in several countries where they have been introduced. Available in more than 44 countries as of the first quarter of 2019,1 growth has been especially strong in Japan and Korea.²³ The global HTP market leader is IQOS from Philip Morris International (PMI), which the company claims to generate a significantly lower quantity of "harmful or potentially harmful chemicals" compared with combustible cigarettes.4 PMI recently filed an application with the US Food and Drug Administration to commercialise the product in the USA.5 The application was recently approved.6 The company predicts



Source: Stoklosa M, Cahn Z, Liber A, et al Effect of IQOS introduction on cigarette sales: evidence of decline and replacement. Tobacco Control Published Online First: 17 June 2019. (doi: 10.1136/tobaccocontrol-2019-054998)



nent not peer-reviewed by CORESTA

TIME A Device That Heats Tobacco, But Doesn't Burn It, Can Now Be Sold in the U.S. Here's What to Know About IQOS

HEALTH • PUBLIC HEALTH

ays it has doubled supply of device in Japan

GELESEN IN 3 MINUTEN

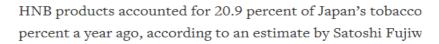
uid on Thursday it has more than vice in Japan, but demand continues over smokeless products.

JAPAN

Ja with new products

Taiga Uranaka

IQOS had a 71.8 percent share of Japan's H Tobacco's (<u>BATS.L</u>) glo had 20.1 percent a estimates.



A Device

Burn It, C

Choose the option that is NOT a source of data used for public health surveillance.

- A. Administrative data systems
- B. Vital records
- C. Newspaper articles
 - D. Disease notifications
 - E. Scientific Literature

Philip Morris International (NYSE:PM) may have cut its full-year earnings guidance simply because of unfavorable currency exchange rate fluctuations in Argentina and Turkey. While that wasn't completely unexpected, the <u>continued declining fortune</u> of its iQOS heat-not-burn electronic cigarette in Japan, its largest market for the device, is the real worrisome development.

Japan Tobacco has said it expects vaping products to account for 50 percent of the domestic tobacco market by end-2020 and will spend heavily in the field as cigarette sales drop.



Information in the Media

Journal List > JMIR Res Protoc > v.8(5); 2019 May > PMC6532333



<u>JMIR Res Protoc</u>. 2019 May; 8(5): e12061. Published online 2019 May 9. doi: <u>10.2196/12061</u> PMCID: PMC6532333 PMID: <u>31094340</u>

Household Surveys in the General Population and Web-Based Surveys in IQOS Users Registered at the Philip Morris International IQOS User Database: Protocols on the Use of Tobacco- and Nicotine-Containing Products in Germany, Italy, and the United Kingdom (Greater London), 2018-2020

Monitoring Editor: Gunther Eysenbach

MIR Res

Protoc

Reviewed by Sabrina Kastaun and James Thrasher

Zheng Sponsiello-Wang, PhD,^{II} Peter Langer, PhD,¹ Luis Prieto, PhD,¹ Mariia Dobrynina, PhD,¹ Dimitra Skiada, PhD,¹ Nathalie Camille, PhD,¹ Rolf Weitkunat, PhD,¹ and Frank Lüdicke, MD¹

¹ Philip Morris Products SA, Neuchatel, Switzerland,

Zheng Sponsiello-Wang, Philip Morris Products SA, Quai Jeanrenaud 5, , 2000 Neuchatel,, Switzerland, Phone: 41 582422129, Fax: 41 582422811, Email: <u>zheng.wang@pmi.com</u>.

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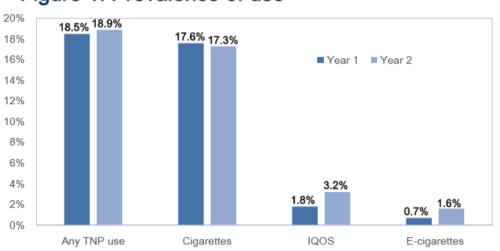


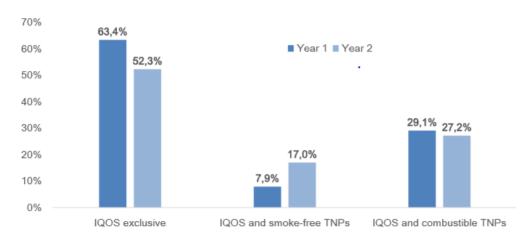
Figure 1. Prevalence of use

1.0% 0.0%

Japan



Figure 2. Pattern of use



Euromonitor 2019 Data - Heat Not Burn Category 9.0% 8.0% 7.0% 6.0% 5.0% 4.0% 3.0% 2.0%

Korea

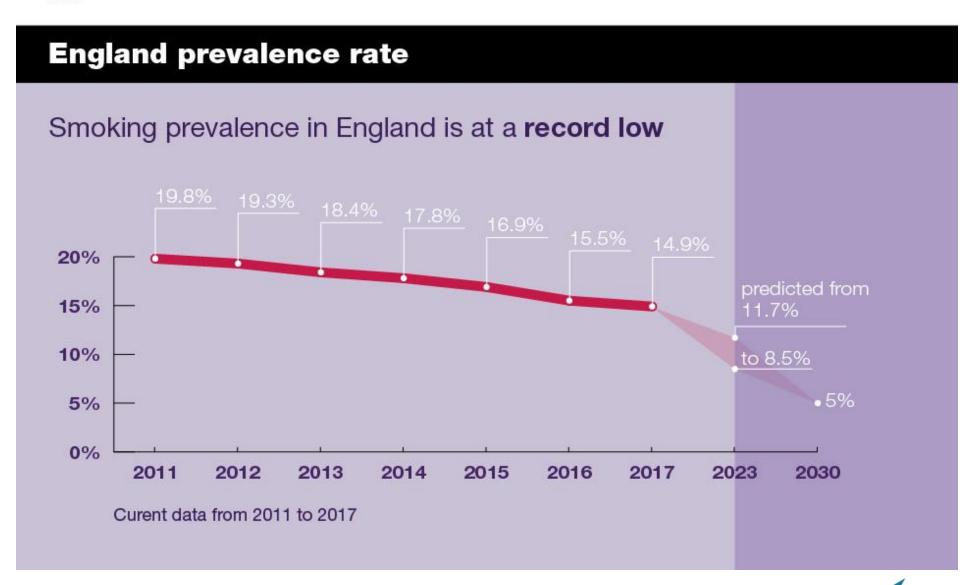
United Kingdom

Source: Euromonitor report

2019_STW07_Baker.pdf



works



2019_STW07_Baker.pdf

Surveillance System Attributes

Attribute	Question It Answers
Usefulness	How useful is the system in accomplishing its objectives?
Data quality	How reliable are the available data? How complete and accurate are data fields in the reports received by the system?
Timeliness	How quickly are reports received?
Flexibility	How quickly can the system adapt to changes?
Simplicity	How easy is the system's operation?



Source: CDC Course: "Introduction to Public Health Surveillance" (https://www.cdc.gov/publichealth101/surveillance.html)

Surveillance System Attributes

Attribute	Question It Answers
Stability	Does the surveillance system work well? Does it break down often?
Sensitivity	How well does it capture the intended cases?
Predictive value positive	How many of the reported cases meet the case definition?
Representativeness	How good is the system at representing the population under surveillance?
Acceptability	How easy is the system's operation?

