

U.S. Department of Veterans Affairs (VA) Office of Research & Development

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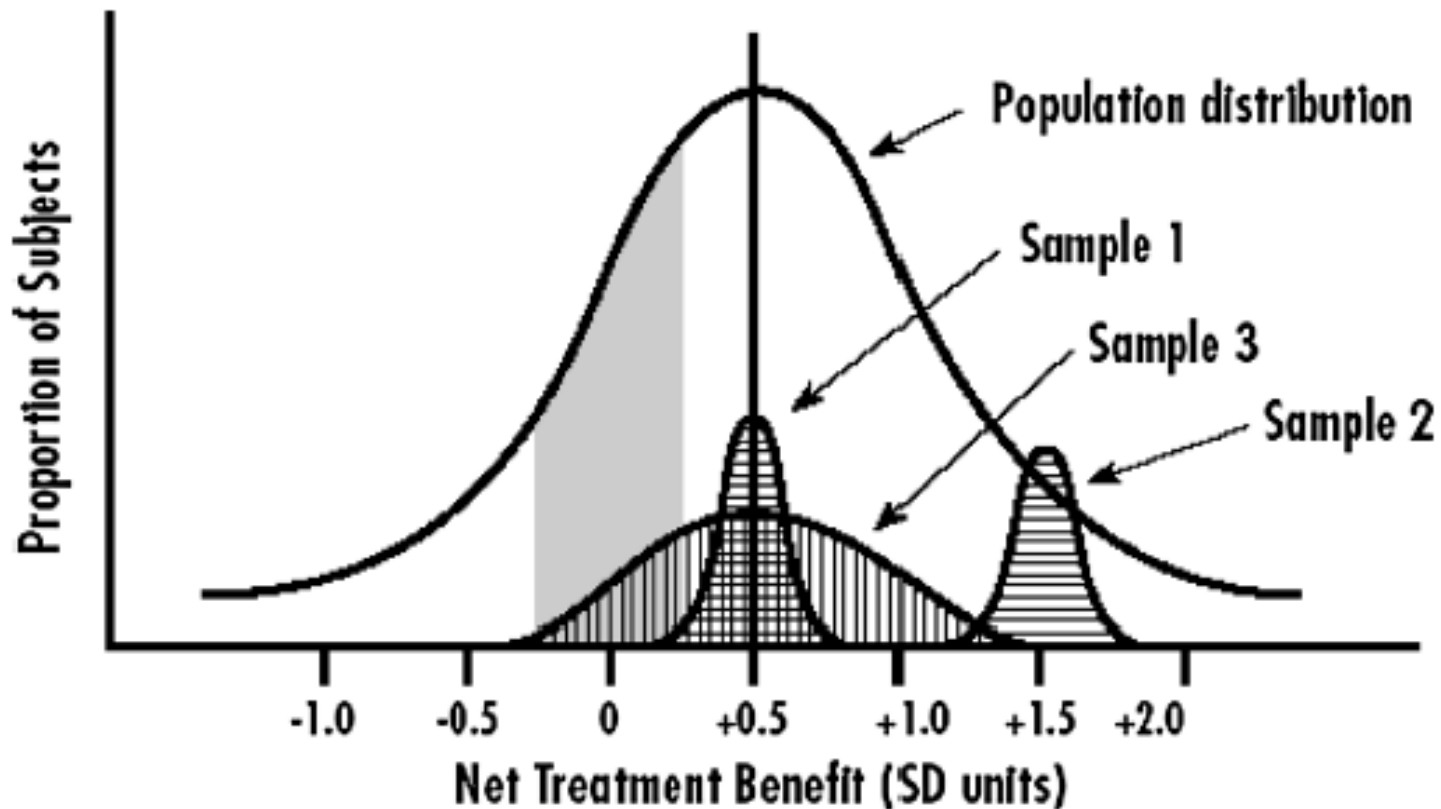
U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Research & Development

The role of heterogeneity in practicing person-centered medicine

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“Clinical trials are good experiments but poor surveys.”
– N. Longford



Take Home Points

- All clinical decisions should be individualized
- What is *beneficial* or *best* treatment “on average” may not be beneficial to a given individual (and vice-versa)
- Benefits, harms, and balance of benefits and harms may vary
- Clinicians should consider and communicate those factors that are most important to ***balance of benefits and harms***
- Heterogeneity is only one source (and possibly not most important source) of variation

What Factors Influence Balance of Benefits and Harms?

- Genetics – personalized medicine
- Heterogeneity of treatment effect
- Applicability of trial results
- Baseline risk of outcome being treated (age, other risk factors)
- Risk of harms
- Patient values and preferences

Panel Challenge Question

How do we help clinicians communicate specific information for important patient groups without overwhelming them — how do we balance desire for personalized information vs. need for feasible approaches for practice?

“VeteransLikeMe” Research Study

Qing Zeng, PhD

- **73 yo. Male on dialysis suffered heart attack.**
- **Received drug eluting stent, placed on antithrombotics**
- **Suffered multiple bleeding complications, died**

Query Criteria	1.6-2.2% 30 day	2.5-5.1% 1 year	7.3-19.6% 2 years	Total Patients
1. Coronary Stent	1,235 (2%)	4,735 (8%)	7,334 (12%)	62,146
2. Coronary Stent + History of MI	920 (3%)	3,081 (11%)	4,508 (16%)	27,850
3. Coronary Stent + History of MI + dialysis	87 (7%)	301 (25%)	435 (36%)	1,200
4. Coronary Stent + History of MI + dialysis + 70-75 yo male Caucasian	8 (11%)	24 (34%)	34 (48%)	70