timeisbrain

BraiN20
KOL interviews
Final Report

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Fundació **HiTT**

Health Innovation Technology Transfer

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Sample characteristics

Number of responders:

- Total responders: 33
- Clinical KOLs: 22
- MA KOLs responders: 11

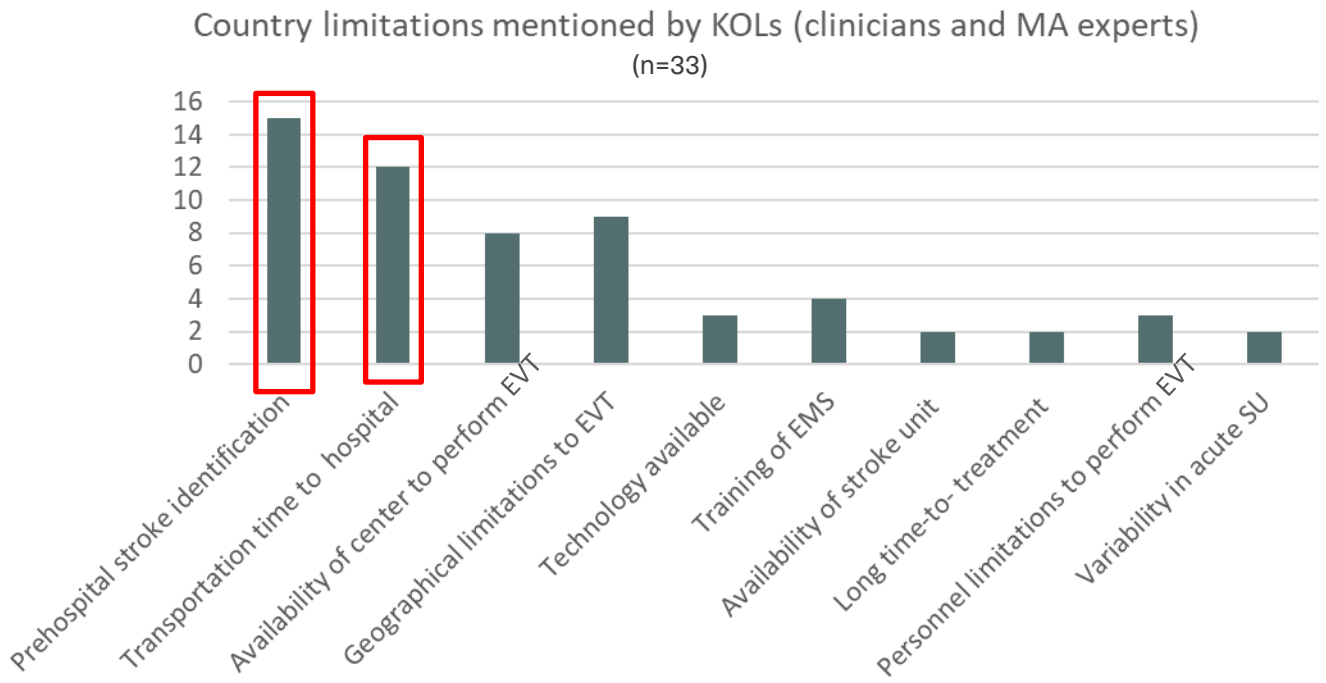
Countries represented:

- France
- Netherlands
- Spain
- Canada
- Italy
- UK
- US
- Australia
- Belgium
- Denmark
- Germany

KOL: Key Opinion Leader
MA: Market access

Country limitations in acute stroke management

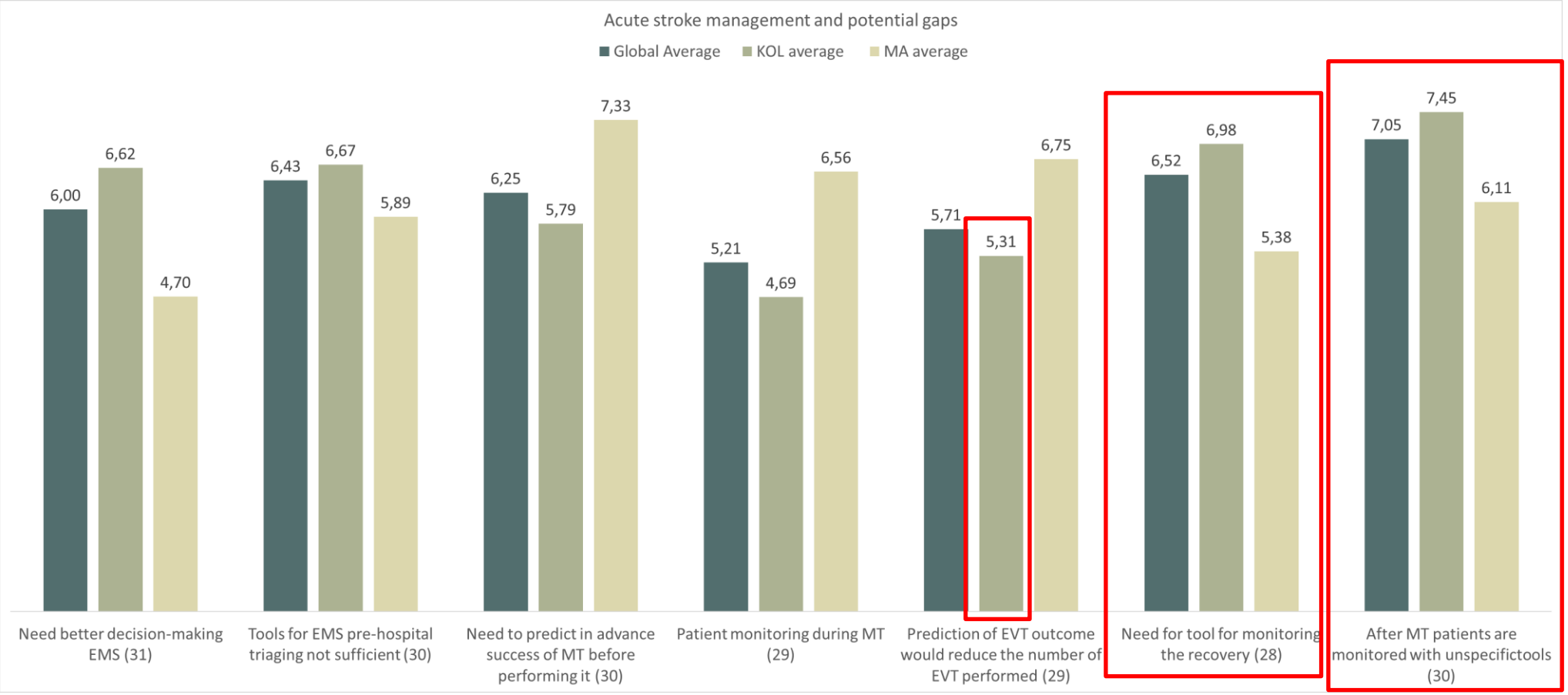
What are the main country limitations with regards to acute stroke management?



Pre-Hospital stroke identification (n=15) and **transportation time to the hospitals** (n=12) were the two most mentioned country limitations.

EMS, Emergency Medical Services; EVT, Endovascular thrombectomy; KOL, Key Opinion Leader; MA, Market access; SU, Stroke Unit

Acute stroke management and gaps



- ***Need for tools to monitor patient recovery*** and ***After MT, patients are monitored with unspecific tools*** are the main needs perceived by clinical and MA KOLs.
- **Prediction of EVT outcome would reduce the number of EVT performed,** is placed 6th (out of 7) according to clinicians.

*the full statement text may be found in the following slide

EMS, Emergency Medical Services; EVT, Endovascular thrombectomy; KOL, Key Opinion Leader; MA, Market access; MT, mechanical thrombectomy

Acute stroke management and gaps

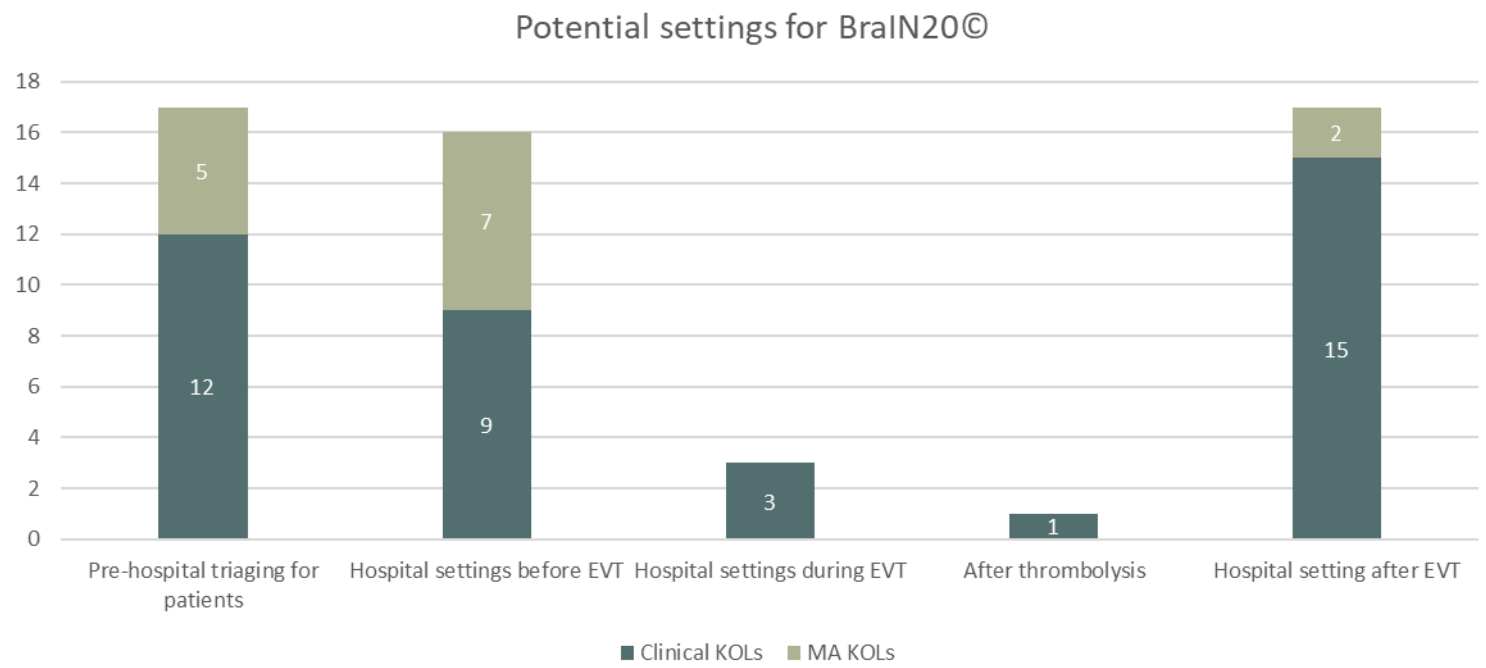
Full statements shared with interviewees

Brief (reported in graph)	**Full statement** (used in the interviews)
Need better decision-making EMS	There is a need for a better/more appropriate decision-making on which hospital to choose for patient transfer by EMS.
Tools for EMS pre-hospital triaging not sufficient	Currently available tools for EMS pre-hospital triaging are not sufficient for EMS decision-making on which hospital to transfer the patient.
Need to predict in advance success of MT before performing it	There is a need to predict in advance the success of MT in patients before performing it.
Patient monitoring during MT	There is a need for patient monitoring during MT procedure and real-time guiding the MT procedure.
Prediction of EVT outcome would reduce the number of EVT performed	If there was a technology to predict patient outcome after MT, this would reduce the number of MT performed.
Need for tool for monitoring the recovery	There is a need for specific tools for patient recovery monitoring after MT.
After MT patients are monitored with unspecific tools	Patient monitoring after MT is based on clinical criteria and with unspecific tools

EMS, Emergency Medical Services; EVT, Endovascular thrombectomy; MT, Mechanical thrombectomy

BraiN20®: potential settings of use

Preferred setting for the implementation of the technology?



Insights:

Potential barriers:

- Difficult entrance to the EMS system, may hamper BraIN20© pre-hospital implementation.

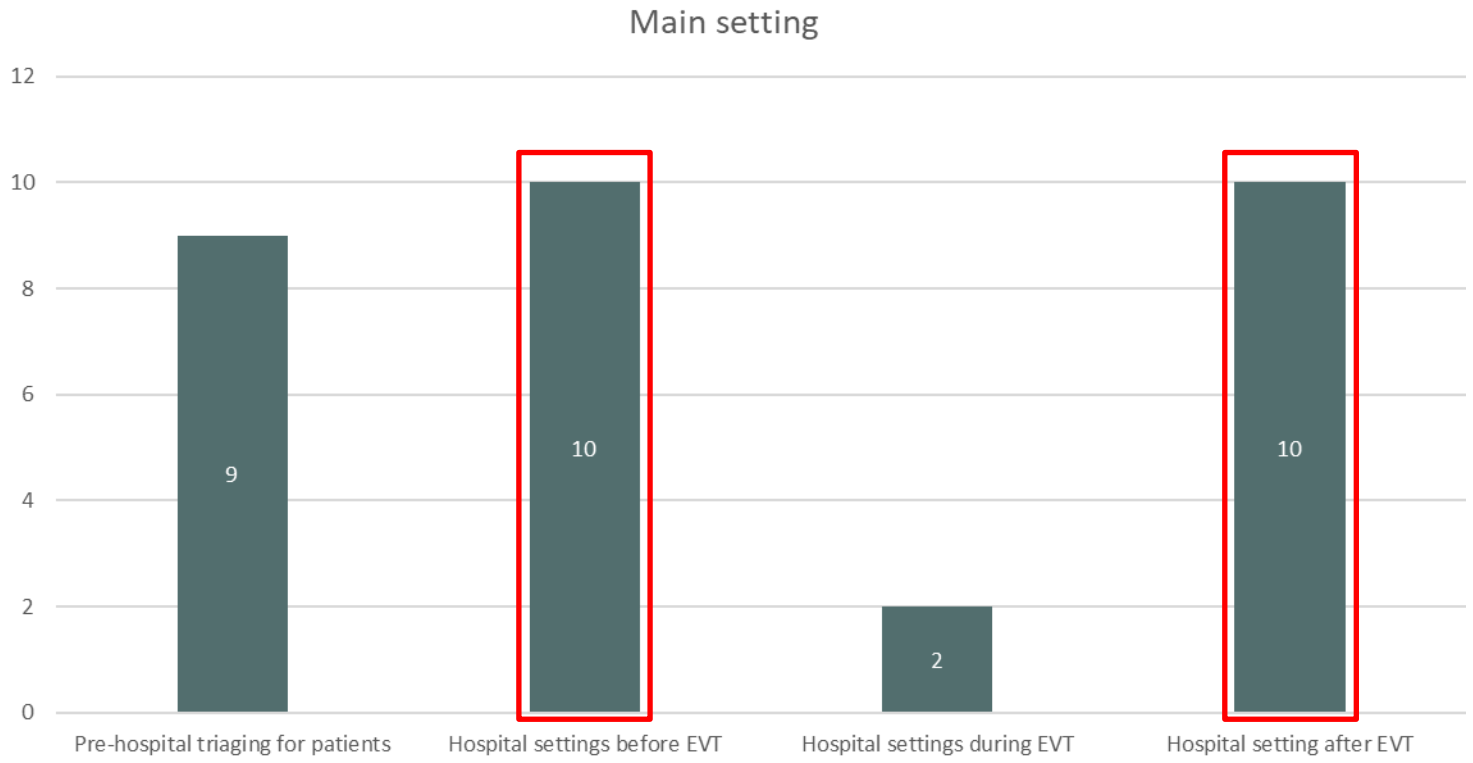
Perceived value:

- Potential value for the device would be to include a patient for the EVT.
- Perceived value for the technology would be as a tool for patient monitoring.
- Personalizing rehabilitation based on BraIN20 © results is perceived by the KOLs.

Pre-hospital triaging for patients and **hospital settings before and after EVT** are the preferred settings for the technology. Pre-hospital triaging for patients and hospital settings before EVT, are more common between the clinical and MA experts.

EMS, Emergency Medical Services; EVT, Endovascular thrombectomy; KOL, Key Opinion Leader; MA, Market access

BraiN20®: preferred setting



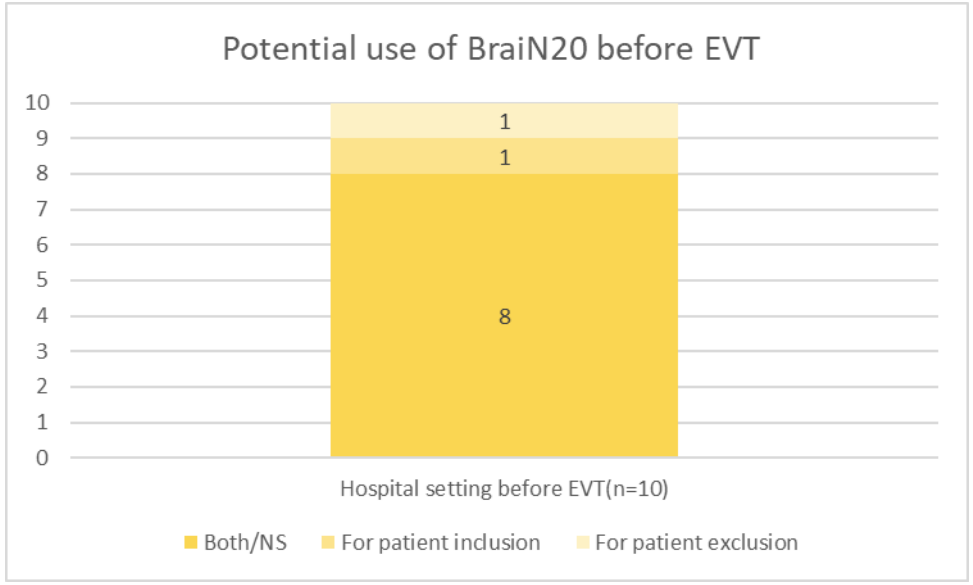
Insights:

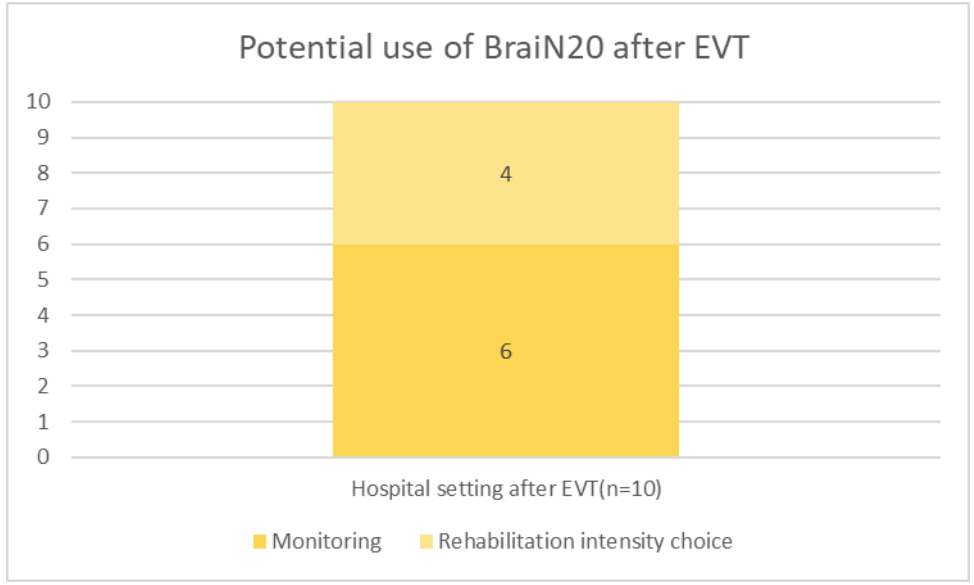
- **Hospital setting before EVT(n=10) and Hospital setting after EVT(n=10**) are the main perceived valuable settings for BraiN20©

Please note that among the different settings mentioned by both MA and clinical KOLs, the ones included on the slide are the main ones.

BraiN20®: Potential use in the preferred setting

Main perceived value for the hospital setting:





* Please note that current clinical practice is moving towards the inclusion of patients for EVT. According to clinical KOLs nowadays whenever is possible EVT is going to be performed.

Willingness to pay

Hospital setting
price per patient

Analysis 1

Average price:
2,207€/patient (SD: 2,977€)

Range:
200€-15,000€



Respondents: 22

Analysis 2*

Average price*:
1,934€/patient (SD: 1,532€)

Range:
750€-5,000€



Respondents: 12

Ambulance setting
price per patient

Average price : 62€/patient

- **US clinician KOL**: 24€/patient
- **DK clinician KOL**: 100€/patient



Respondents: 2

*For Analysis 2, values higher and lower than 3x the average price of the initial Analysis 1 were considered outliers and were excluded
SD: Standard deviation.

Willingness to pay

Clinical KOLs' responses

Hospital setting
price per patient

Analysis 1

Average price:

2,339€/patient (SD: 3,440€)

Range:

200€-15,000€



Respondents: 16

Analysis 2*

Average price*:

2,205€/patient (SD: 2,237€)

Range:

750€-7,000€



Respondents: 9

Ambulance setting
price per patient

Average price : 62€/patient

- **US clinician KOL**: 24€/patient
- **DK clinician KOL**: 100€/patient



Respondents: 2

*For Analysis 2, values higher and lower than 3x the average price of the initial Analysis 1 were considered outliers and were excluded
SD: Standard deviation.

Willingness to pay

MA experts' responses

Hospital setting
price per patient

Analysis

Average price:

2,315€/patient (SD: 3075,11€)

Range:

200€-4,000€



Respondents: 6

SD: Standard deviation.

Example: potential positioning and effects of BraiN20®

Setting:
BraiN20® in AIS patients, pre-EVT

		EVT decision based on SoC criteria	
		Perform EVT	Do not perform EVT
BraiN20®	N20+	**Reinforcement to interventional radiologists** – more aggressivity in clot removal	**Including patients** that would be excluded based on SoC criteria
	N20-	***Exclusion of patients from EVT?***	-

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