# Speakers at the CCBIO Annual Symposium 2017

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**Biomarkers and potential impact on priority setting**

Abstract:

Cancer research and treatment is at the frontier of what is medically possible. In the last years, innovations in cancer research have pushed and challenged what is sustainable for health care systems. Together with a growing population of elders, new technologies and treatments, rising costs and increasing expectations, this creates a health cap that makes priority setting necessary.

The ethics of priority setting in health care addresses the normative foundations for allocating resources in health. Broadly accepted principles of health maximization and fair distribution are central, together with principles of impartiality and formal equality. Building on these principles, a White Paper was submitted to and later endorsed by the Norwegian Parliament in autumn 2016. In the report three criteria for priority setting was presented: the health-benefit criterion, the resource criterion, and the severity criterion.

This presentation will critically discuss how a biomarker potentially can influence all these criteria, and thereby play a relevant role for priority setting. First, I introduce and explain some central theoretical concepts for priority setting and present the recent development of priority setting in Norway. Then a closer discussion of biomarkers' roles in the three criteria will be followed by a case study: the recent approval of the PD-L1 inhibitor pembrolizumab, with an accompanying PD-L1 biomarker, for treatment of non-small cell lung cancer in Norway.

In priority setting, a fair decision is a good decision. I will conclude that biomarkers have the potential to influence all three criteria, thereby contributing to better priority setting decisions. However, it is not clear if the characteristics and quality of the PD-L1 biomarker is good enough to actually provide better decisions.