CADTH

CADTH REIMBURSEMENT REVIEW

Stakeholder Feedback on Draft Recommendation

DOSTARLIMAB (Jemperli)

(GlaxoSmithKline Inc.)

Indication: Dostarlimab is indicated for monotherapy for the treatment of adult patients with recurrent or advanced mismatch repair deficient (dMMR) or microsatellite instability-high (MSI-H) endometrial cancer (EC) that has progressed on or following prior treatment with a platinum containing regimen.

April 14, 2022

CADTH Reimbursement Review
Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PC0263-000
Brand name (generic)	Dostarlimab (Jemperli)
Indication(s)	Dostarlimab is indicated for monotherapy for the treatment of adult patients with recurrent or advanced mismatch repair deficient (dMMR) or microsatellite instability-high (MSI-H) endometrial cancer (EC) that has progressed on or following prior treatment with a platinum containing regimen.
Organization	Ontario Health Cancer Care Ontario Gynecology Cancer Drug Advisory Committee
Contact information[a]	[redacted]

Stakeholder agreement with the draft recommendation		
1. Does the stakeholder agree with the committee's recommendation.	Yes	☐
	No	☒

1) Rare tumors and small patient populations are not adequately acknowledged with CADTH's processes.

A lower level of evidence (such as single arm study) should be accepted for a patient population with a rare tumour that has no other treatment options. The magnitude and duration of benefit seen in the single arm clinical trial for dostarlimab is dramatic and not seen in this patient population. It is unlikely that we will see a higher level of evidence in this group of patients with rare tumours and where the population size is small. There is currently a Phase 3 study (RUBY, NCT03981796) investigating dostarlimab in combination with chemotherapy vs chemotherapy alone in patients with recurrent or primary advanced endometrial cancers. We are not expecting to have additional evidence for single agent dostarlimab. Additionally, other drugs in the same class are also being investigated as single arm study with significant benefits. By not acknowledging this data in tumors that are not common, there will continue to be a lack of option for these patients.

2) There are inequities within CADTH's processes for patients with rare cancers.

The DAC raises concerns around potential inequitable access to dostarlimab for MIS-H/dMMR endometrial cancers. Because this is a Health Canada approved indication, patients with the means to pay out-of-pocket or with private insurance may still be able to access this drug. Additionally, the DAC raises concerns around inequities with the investigation in rare cancers as these patients are insufficiently studied by clinical trials. CADTH's negative recommendation highlights the limitations and inequities in their processes when it comes to rare cancers.

3) Regulatory approval in larger jurisdictions

There is already regulatory/funding approval in larger jurisdictions (UK, US, and Europe). As a result, there is no motivation by the drug companies to fulfill CADTH's expectation of higher level of evidence for this drug-indication, especially since Canada represents a small global market share. Also, investigation-initiated studies are unlikely because of the high drug cost.

Patients are aware that these drugs are approved by Health Canada. Patients are asking for these drugs to be available and many do not have the means to pay for them. They are aware that other jurisdictions have funding approval and this leads to Canadian patients to have inequitable access to these drugs.		
Expert committee consideration of the stakeholder input		
2. Does the recommendation demonstrate that the committee has considered the stakeholder input that your organization provided to CADTH?	Yes	☐
	No	☒
Clarity of the draft recommendation		
3. Are the reasons for the recommendation clearly stated?	Yes	☒
	No	☐
4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?	Yes	☐
	No	☒
N/A (“Do not reimburse”); implementation issues are not addressed as a result		
5. If applicable, are the reimbursement conditions clearly stated and the rationale for the conditions provided in the recommendation?	Yes	☐
	No	☒
N/A		

[a] CADTH may contact this person if comments require clarification.

Appendix 2. Conflict of Interest Declarations for Clinician Groups

- To maintain the objectivity and credibility of the CADTH drug review programs, all participants in the drug review processes must disclose any real, potential, or perceived conflicts of interest.
- This conflict of interest declaration is required for participation. Declarations made do not negate or preclude the use of the feedback from patient groups and clinician groups.
- CADTH may contact your group with further questions, as needed.
- Please see the *Procedures for CADTH Drug Reimbursement Reviews* for further details.
- For conflict of interest declarations:
  - Please list any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.
  - Please note that declarations are required for each clinician that contributed to the input.
  - If your clinician group provided input at the outset of the review, only conflict of interest declarations that are new or require updating need to be reported in this form. For all others, please list the clinicians who provided input are unchanged
  - Please add more tables as needed (copy and paste).
  - All new and updated declarations must be included in a single document.

A. Assistance with Providing the Feedback		
1. Did you receive help from outside your clinician group to complete this submission?	No	☐
	Yes	☒
Ontario Health provided secretariat function to the DAC.		
2. Did you receive help from outside your clinician group to collect or analyze any information used in this submission?	No	☒
	Yes	☐
If yes, please detail the help and who provided it.		
B. Previously Disclosed Conflict of Interest		
3. Were conflict of interest declarations provided in clinician group input that was submitted at the outset of the CADTH review and have those declarations remained unchanged? If no, please complete section C below.	No	☐
	Yes	☒
If yes, please list the clinicians who contributed input and whose declarations have not changed: • Dr. Sarah Ferguson • Dr. Stephen Welch • Dr. Orti Freedman • Dr. Taymaa May • Dr. Julie Francis • Dr. Leah Jutzi • Dr. Josee- Lyne Ethier		

CADTH Reimbursement Review

Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PC0263
Name of the drug and Indication(s)	Dostarlimab for dMMR or MSI-H advanced EC
Organization Providing Feedback	PAG

1. Recommendation revisions Please indicate if the stakeholder requires the expert review committee to reconsider or clarify its recommendation.		
Request for Reconsideration	**Major revisions:** A change in recommendation **category** or patient **population** is requested	☐
	Minor revisions: A change in reimbursement **conditions** is requested	☐
No Request for Reconsideration	**Editorial revisions:** Clarifications in recommendation **text** are requested	☐
	No requested revisions	X

2. Change in recommendation category or conditions Complete this section if major or minor revisions are requested
None.

3. Clarity of the recommendation Complete this section if editorial revisions are requested for the following elements
a) Recommendation rationale
None.
b) Reimbursement conditions and related reasons
None.
c) Implementation guidance
None.

CADTH Reimbursement Review
Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PC0263-000
Brand name (generic)	Jemperli
Indication(s)	Jemperli (dostarlimab for injection) is indicated as: monotherapy for the treatment of adult patients with mismatch repair deficient (dMMR) or microsatellite instability-high (MSI-H) recurrent or advanced endometrial cancer (EC) that has progressed on or following prior treatment with a platinum containing regimen.
Organization	Canadian Cancer Society
Contact information[a]	[redacted]

Stakeholder agreement with the draft recommendation		
1. Does the stakeholder agree with the committee's recommendation.	Yes	☐
	No	☐

Please explain why the stakeholder agrees or disagrees with the draft recommendation. Whenever possible, please identify the specific text from the recommendation and rationale.

The Canadian Cancer Society will not be providing a stance as an organization but will be acting as a conduit for the patient voice.

It is understood that there were key gaps in the phase one clinical trial for dostarlimab, including a lack of hypothesis testing, insufficient sample size and follow-up, and no comparison with treatments used in the target population. However, pERC acknowledged the need for effective therapies in a patient population that otherwise has limited treatment options and has a poor prognosis. pERC also discussed the need for treatments with fewer or more manageable adverse effects than the current standard of care.

- Patients who participated in providing testimonial data expressed the importance of accessing a potentially effective treatment (dostarlimab) when there were no other viable options or when other treatments have been unsuccessful, either through significantly impacting the quality of life (QoL) or failing to slow disease progression. Testimonials indicated that after their diagnosis of advanced cancer, when faced with treatment options that will significantly impact their QoL or previous treatment have been ineffective, these patients were willing to try a new treatment, even if they could not be assured it would lead to success. There remains an unmet need for patients with advanced endometrial cancer, as there are few therapeutic options, many of which impact QoL significantly. Having an additional treatment option outside of the current standard of care was viewed as another therapeutic pathway for patients (many of which have run out of practical options) to try. Testimonial responses indicated the choice to try this drug provided hope and empowerment for this group and was viewed as an additional and potentially effective treatment for those who were unwilling or unable to undergo further conventional treatments.

- Many testimonials described the debilitating side effects they or their family member experienced with traditional treatments as well as an overall lack of efficacy. Some patients expressed they would have opted for this therapy earlier if they had the opportunity. All patients who submitted testimonials underwent several lines of conventional therapy with poor

results that led to significant reductions in quality of life, multiple side effects, stress, financial distress, and lost time. Patients and caregivers described some of these conventional treatments to have a cascading effect which led to further complications.

- Patients who provided testimonials believed this drug would allow patients to try something new that may have a clinical benefit and allow those who have had positive results continue to access it. If this drug was effective for some, patients believed that there are likely others out there that would see a positive impact as well.

- Given the lack of treatment options, one testimonial patient felt they "had nothing to lose" by trying this drug and believed if it wasn't effective for them, they would still be grateful to access something that might be an improvement on what they have tried in the past.

- One testimonial patient expressed significant fears of losing access to this drug, stating "Will I be able to have this same treatment, or will I be shoved to the side and maybe given something else that will not work for me? I live in the hope that this drug will be approved and that many women in my situation will have the outcome I have had". Other testimonial patients also expressed wanting to continue the use of this drug. All testimonial patients expressed enthusiasm when describing dostarlimabs impact on their lives. Some of these patients expressed sentiments that it would be detrimental to their care if they did not have access to this drug as it was the only effective treatment for them.

- Overall, all patients who provided testimonials provided a positive review of dostarlimab and some specifically stated their hope that it becomes available to others as well.

Expert committee consideration of the stakeholder input

2. Does the recommendation demonstrate that the committee has considered the stakeholder input that your organization provided to CADTH?	Yes	☐
	No	☐

If not, what aspects are missing from the draft recommendation?

- The draft recommendation did not reflect the impact or fears expressed over losing access to dostarlimab. The importance patients attributed to accessing this medication and the impact the loss of access would have for them was not discussed.

- In addition, the draft recommendation stated "All respondents indicated that compared to other therapies, dostarlimab was easier to use, either due to little to no side effects, longer intervals between doses, or a shorter infusion time. Patients also reported long periods of remission and improved quality of life. Patients found dostarlimab to be more convenient for the administration schedule and infusion time, particularly for those patients living in rural areas." However, it did not describe how the above benefits impacted patients' lives on a practical level. If the recommendation indicated in more depth how these outcomes would impact the patient, it would have provided a more accurate picture of the message this group was communicating and add a human element. For example, shorter infusion times meant patients had more time outside of the hospital to spend with family, friends and engage in more fulfilling activities.

Clarity of the draft recommendation

3. Are the reasons for the recommendation clearly stated?	Yes	☐
	No	☐

If not, please provide details regarding the information that requires clarification.

- Much of the rationale was clearly stated, including the clinical trial weaknesses and the unknown nature of how dostarlimab compares to other treatments. Patients identified a need for a treatment that improves tumour response, increases the quality of life and delays disease progression. While pERC recognized the need for additional treatment options in this patient population, it is uncertain whether dostarlimab meets these needs, given the limitations associated with the evidence reviewed.

- Patients will likely be interested in knowing why this uncertainty resulted in a negative funding recommendation. Patients who wrote testimonials expressed the importance of having access to promising treatments when there are few other options, often despite uncertainty. A discussion on why there wasn't a conditional approval for this sub-group of patients where the current treatment pathways have been ineffective or cases in which patients are not good candidates for other treatment options is warranted to address these concerns.

4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?	Yes	☐
	No	☐
If not, please provide details regarding the information that requires clarification.		
5. If applicable, are the reimbursement conditions clearly stated and the rationale for the conditions provided in the recommendation?	Yes	☐
	No	☐
If not, please provide details regarding the information that requires clarification. Not applicable.		

[a] CADTH may contact this person if comments require clarification.

Appendix 1. Conflict of Interest Declarations for Patient Groups

- To maintain the objectivity and credibility of the CADTH drug review programs, all participants in the drug review processes must disclose any real, potential, or perceived conflicts of interest.
- This conflict of interest declaration is required for participation. Declarations made do not negate or preclude the use of the feedback from patient groups and clinician groups.
- CADTH may contact your group with further questions, as needed.
- Please see the for further details.

A. Patient Group Information	
Name	*Canadian Cancer Society*
Position	
Date	*12-04-2022*
☒	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this patient group with a company, organization, or entity that may place this patient group in a real, potential, or perceived conflict of interest situation.

B. Assistance with Providing Feedback		
1. Did you receive help from outside your patient group to complete your feedback?	No	☒
	Yes	☐
CCS did not receive help to complete this feedback, however the Division of Gynecologic Oncology at McGill University Health Centre provided us access to their patient network when the feedback for the initial survey and testimonials were collected for the patient submission.		
2. Did you receive help from outside your patient group to collect or analyze any information used in your feedback?	No	☒
	Yes	☐
If yes, please detail the help and who provided it.		

C. Previously Disclosed Conflict of Interest		
1. Were conflict of interest declarations provided in patient group input that was submitted at the outset of the CADTH review and have those declarations remained unchanged? If no, please complete section D below.	No	☐
	Yes	☒

D. New or Updated Conflict of Interest Declaration

3. List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	**Check Appropriate Dollar Range**			
	$0 to 5,000	**$5,001 to 10,000**	**$10,001 to 50,000**	**In Excess of $50,000**
Add company name	☐	☐	☐	☐
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐