CADTH

CADTH REIMBURSEMENT REVIEW

Stakeholder Feedback on Draft Recommendation

ATEZOLIZUMAB (TECENTRIQ)

(Hoffmann-La Roche Ltd.)

Indication: As monotherapy for adjuvant treatment following resection and platinum-based chemotherapy for patients with non-small cell lung cancer (NSCLC) whose tumours have PD-L1 expression on ≥ 1% of tumour cells (TCs).

August 18, 2022

CADTH

CADTH Reimbursement Review
Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PC0269-000
Brand name (generic)	Atezolizumab (Tecentriq)
Indication(s)	"Atezolizumab as monotherapy for adjuvant treatment following resection and platinum-based chemotherapy for patients with non-small cell lung cancer (NSCLC) whose tumours have PD-L1 expression on ≥ 50% of tumour cells (TCs)."
Organization	Ontario Health (CCO) Lung Cancer Drug Advisory Committee
Contact information[a]	Name: Dr. Donna Maziak

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

[Table 1: Initiation] The DAC would like to incorporate 12-weeks from last dose of adjuvant chemotherapy, instead of 3-8 weeks from the completion of chemotherapy.

[Table 2: Implementation] For the sake of consistency, the DAC would like reword "non-cisplatin containing doublet therapy" to "non-platinum containing doublet therapy".

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	☐
5. If applicable, are the reimbursement conditions clearly stated and the rationale for the conditions provided in the recommendation?	Yes	☒
	No	☐

[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. Donna Maziak • Dr. Andrew Robinson		

C. New or Updated Conflict of Interest Declarations

New or Updated Declaration for Clinician 1	
Name	*Dr. Donna Maziak*
Position	*Lead, Ontario Health (CCO) Lung Cancer Drug Advisory Committee*
Date	*17/08/2022*
☒	**I hereby certify** that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.
Conflict of Interest Declaration	

CADTH

CADTH Reimbursement Review
Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PC0269-000
Brand name (generic)	Atezolizumab (Tecentriq)
Indication(s)	Atezolizumab as monotherapy for adjuvant treatment following resection and platinum-based chemotherapy for patients with non-small cell lung cancer (NSCLC) whose tumours have PD-L1 expression on ≥ 50% of tumour cells (TCs).
Organization	Lung Cancer Canada
Contact information[a]	Name: Winky Yau [redacted]

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

Lung Cancer Canada is pleased with pERC's positive recommendation of atezolizumab for NSCLC and support . As pERC highlighted in the Rationale for Recommendation, patients in this PDL-1 group highlighted the need and importance of a treatment option that aligns with their values, including the need for treatment that is tolerable with manageable side effects, delays disease progression, maintains their independence and functionality, and improves survivorship. There are gaps in the current treatment paradigm for lung cancer patients with early-stage disease in this setting, but atezolizumab has shown to meet all these values and patients with experience on the treatment agree as well.

As LCC highlighted in our initial submission, NSCLC patients with PDL-1 expression have a high risk of recurrence of their cancer even after treatment with adjuvant chemotherapy post-surgery, so the addition of atezolizumab will offer them not only hope, but also a chance to prevent such recurrence of their cancer. The opportunity to have this progression-free survival time is critical for patients to maximize their quality of life and be able to continue with their daily lives with autonomy and dignity, and we are pleased that pERC has agreed as well.

Lung Cancer Canada's Clinician Group also agrees with and thanks pERC for the recommendation and supports conversion to final recommendation. We believe the recommendation is fair and comprehensive, and have nothing to add.

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?

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.

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.		

[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 *Procedures for CADTH Drug Reimbursement Reviews* for further details.

A. Patient Group Information	
Name	*Shem Singh*
Position	*Executive Director*
Date	*16 Aug 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	☐
If yes, please detail the help and who provided it.		
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	☐	☐	☐	☐

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		
2. Did you receive help from outside your clinician group to complete this submission?	No	☒
	Yes	☐
If yes, please detail the help and who provided it.		
3. 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		
4. 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. Rosalyn Juergens (lead); Dr. Normand Blais; Dr. Quincy Chu; Dr. Catherine Labbé; Dr. Ron Burkes; Dr. Jeffery Rothenstein; Dr. Mahmoud Abdelsalam; Dr. Geoffrey Liu; Dr. Randeep Sangha; Dr. Donna Maziak; Dr. Sunil Yadav; Dr. Shaqil Kassam; Dr. Silvana Spadafora; Dr. David Dawe; Dr. Nicole Bouchard; Dr. Zhaolin Xu; Dr. Parneet Cheema* •		

CADTH Reimbursement Review

Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PC0269
Name of the drug and Indication(s)	Atezolizumab for non-small cell lung cancer
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	X
	No requested revisions	☐

2. Change in recommendation category or conditions Complete this section if major or minor revisions are requested
In Table 1. Reimbursement Conditions and Reasons, PAG is requesting the following revisions: • Adding a heading on “Discontinuation” criteria to be consistent with past pERC recommendations • Defining the duration of treatment as 48 weeks in total.

3. Clarity of the recommendation Complete this section if editorial revisions are requested for the following elements
a) Recommendation rationale
In Table 3 Cost and Cost-effectiveness, in the treatment row, PAG is requesting adding the dosing schedule.
b) Reimbursement conditions and related reasons
None.
c) Implementation guidance
None.

CADTH

CADTH Reimbursement Review
Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PC0269
Brand name (generic)	TECENTRIQ (atezolizumab)
Indication(s)	As monotherapy for adjuvant treatment following resection and platinum-based chemotherapy for patients with non-small cell lung cancer (NSCLC) whose tumours have PD-L1 expression on ≥ 50% of tumour cells (TCs).
Organization	Hoffmann-La Roche Limited
Contact information[a]	Name: [redacted]

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

Hoffmann-La Roche Limited (Roche) overall agrees with the committee's recommendation and supports conversion to a final recommendation.

Roche agrees with the committee that "Atezolizumab addresses an unmet need for this patient population with poor prognosis and high risk of disease recurrence" (pg.3).

Roche would also like to suggest that using a $50,000 per QALY threshold, and assessing whether or not a therapy is cost-effective based on this arbitrary threshold may not be appropriate, especially for cancer therapies. Historically, CADTH (pCODR) had utilized a $100,000 per QALY threshold for cancer therapies, which would have deemed this therapy cost-effective at a CADTH re-analyzed ICER of $68,858 per QALY.

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	☐

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.