CADTH Reimbursement Review

**Patient Input Template**

Instructions

1. Review CADTH’s [Patient Input and Feedback](https://cadth.ca/patient-input-and-feedback) instructions webpage.
2. Delete first page of this template and all red font instructions once document is complete.
3. Save the completed template as a Word document.
4. When completing the template ensure text is compliant with below accessibility legislation:
* The [Accessibility for Ontarians with Disabilities Act (AODA)](https://www.ontario.ca/laws/statute/05a11), states all public documents must now be compliant with Ontario’s accessibility guidelines to ensure that screen readers and people with reading disabilities can access and read documents. Microsoft Word provides an [Accessibility Checker](https://support.microsoft.com/en-us/office/rules-for-the-accessibility-checker-651e08f2-0fc3-4e10-aaca-74b4a67101c1) for identifying and repairing accessibility issues, which is located under the **Review** tab and **Check Accessibility** sub-tab.
* Tips to ensure accessibility when completing your submission include the following:
* **For tables**: add a table title, designate row and/or column headers, do not add tables within other tables, and cells should not be blank. See below pre-formatted AODA-compliant table as an example.

 Table #: Table Title Example

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| <Table Heading> | <Table Heading> | <Table Heading> | <Table Heading> | <Table Heading> |
| <Table Body Copy> | <Table Body Copy> | <Table Body Copy> | <Table Body Copy> | <Table Body Copy> |
| <Table Body Copy> | <Table Body Copy> | <Table Body Copy> | <Table Body Copy> | <Table Body Copy> |

abb = abbreviation

* **For figures, graphs, or images:** include 1 to 2 lines of alternative text (**Alt text**: *short description of image*) to describe the contents of the figure/image for screen reader function.
* **For links:** use descriptive hyperlinks (ex., [Canadian Agency for Drugs and Technologies in Health (CADTH) Website](https://cadth.ca/))
* **Colour** should not be used as the sole method for conveying content or distinguishing visual elements.

Patient Input Template for CADTH Reimbursement Reviews

Name of Drug: <Enter Response here>

Indication: <Enter Response here>

Name of Patient Group: <Enter Response here>

Author of Submission: <Enter Response here>

1. About Your Patient Group

Describe the purpose of your organization. Include a link to your website.

<Enter Response Here>

2. Information Gathering

CADTH is interested in hearing from a wide range of patients and caregivers in this patient input submission. Describe how you gathered the perspectives: for example, by interviews, focus groups, or survey; personal experience; or a combination of these. Where possible, include **when** the data were gathered; if data were gathered **in Canada** or elsewhere; demographics of the respondents; and **how many** patients, caregivers, and individuals with experience with the drug in review contributed insights. We will use this background to better understand the context of the perspectives shared.

<Enter Response Here>

3. Disease Experience

CADTH involves clinical experts in every review to explain disease progression and treatment goals. Here we are interested in understanding the illness from a patient’s perspective. Describe how the disease impacts patients’ and caregivers’ day-to-day life and quality of life. Are there any aspects of the illness that are more important to control than others?

<Enter Response Here>

4. Experiences With Currently Available Treatments

CADTH examines the clinical benefit and cost-effectiveness of new drugs compared with currently available treatments. We can use this information to evaluate how well the drug under review might address gaps if current therapies fall short for patients and caregivers.

Describe how well patients and caregivers are managing their illnesses with currently available treatments (please specify treatments). Consider benefits seen, and side effects experienced and their management. Also consider any difficulties accessing treatment (cost, travel to clinic, time off work) and receiving treatment (swallowing pills, infusion lines).

<Enter Response Here>

5. Improved Outcomes

CADTH is interested in patients’ views on what outcomes we should consider when evaluating new therapies. What improvements would patients and caregivers like to see in a new treatment that is not achieved in currently available treatments? How might daily life and quality of life for patients, caregivers, and families be different if the new treatment provided those desired improvements? What trade-offs do patients, families, and caregivers consider when choosing therapy?

<Enter Response Here>

6. Experience With Drug Under Review

CADTH will carefully review the relevant scientific literature and clinical studies. We would like to hear from patients about their individual experiences with the new drug. This can help reviewers better understand how the drug under review meets the needs and preferences of patients, caregivers, and families.

How did patients have access to the drug under review (for example, clinical trials, private insurance)? Compared to any previous therapies patients have used, what were the benefits experienced? What were the disadvantages? How did the benefits and disadvantages impact the lives of patients, caregivers, and families? Consider side effects and if they were tolerated or how they were managed. Was the drug easier to use than previous therapies? If so, how? Are there subgroups of patients within this disease state for whom this drug is particularly helpful? In what ways? If applicable, please provide the sequencing of therapies that patients would have used prior to and after in relation to the new drug under review. Please also include a summary statement of the key values that are important to patients and caregivers with respect to the drug under review.

<Enter Response Here>

7. Companion Diagnostic Test

**If** the drug in review has a companion diagnostic, please comment. Companion diagnostics are laboratory tests that provide information essential for the safe and effective use of particular therapeutic drugs. They work by detecting specific biomarkers that predict more favourable responses to certain drugs. In practice, companion diagnostics can identify patients who are likely to benefit or experience harms from particular therapies, or monitor clinical responses to optimally guide treatment adjustments.

What are patient and caregiver experiences with the biomarker testing (companion diagnostic) associated with regarding the drug under review?

Consider:

* Access to testing: for example, proximity to testing facility, availability of appointment.
* Testing: for example, how was the test done? Did testing delay the treatment from beginning? Were there any adverse effects associated with testing?
* Cost of testing: Who paid for testing? If the cost was out of pocket, what was the impact of having to pay? Were there travel costs involved?
* How patients and caregivers feel about testing: for example, understanding why the test happened, coping with anxiety while waiting for the test result, uncertainty about making a decision given the test result.

<Enter Response Here>

8. Anything Else?

Is there anything else specifically related to this drug review that CADTH reviewers or the expert committee should know?

<Enter Response Here>

Appendix: Patient Group Conflict of Interest Declaration

To maintain the objectivity and credibility of the CADTH reimbursement review process, all participants in the drug review processes must disclose any real, potential, or perceived conflicts of interest. This Patient Group Conflict of Interest Declaration is required for participation. Declarations made do not negate or preclude the use of the patient group input. CADTH may contact your group with further questions, as needed.

1. Did you receive help from outside your patient group to complete this submission? If yes, please detail the help and who provided it.

<Enter Response Here>

1. Did you receive help from outside your patient group to collect or analyze data used in this submission? If yes, please detail the help and who provided it.

<Enter Response Here>

1. List any companies or organizations that have provided your group with financial payment over the past 2 years AND who may have direct or indirect interest in the drug under review.

Table 1: Financial Disclosures

**Check Appropriate Dollar Range With an X. Add additional rows if necessary.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company | $0 to 5,000 | $5,001 to 10,000 | $10,001 to 50,000 | In Excess of $50,000 |
| <Enter Name Here> |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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.

**Name:** **<Enter Name and details below>**

**Position:**

**Patient Group:**

**Date**: