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# CADTH - Patient Community Liaison Forum

**Wednesday October 4, 2017**
**In-person meeting, Toronto**

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**Attended:** Alexandra Chambers (CADTH), Connie Côté (HCCC), Durhane Wong-Rieger (Advocare), Gail Attara (BMC), Ken Bond (CADTH), Helen Mai (CADTH), Marjorie Morrison (CCAN), Paulette Eddy (BMC), Robin Markowitz (CCAN), Sarah Berglas (CADTH), Seema Nagpal (HCCC), Tamara Rader (CADTH), Wayne Critchley (CORD).

**Guests:** Brian O'Rourke, President and CEO (CADTH), Tammy Clifford, Chief Scientist and VP (CADTH), Peter Chinneck, Special Assistant to the President and CEO (CADTH).

**Apologies:** Trevor Richter (CADTH)

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## 1. Welcoming Remarks / Approvals

Agenda approved. Summary of March 2017 meeting approved.

## 2. Patient group participation at 2018 CADTH symposium

Each year CADTH provides financial support towards conference-related costs for students and patient group representatives. In 2018, 10 to 15 travel awards, of up to $2000, will be awarded to patient group representatives. CADTH confirmed the purpose of the travel awards was education and networking opportunities, and capacity building for patient group representatives involved, or seeking to be more involved, in HTA activities. Additionally, inclusion of patient group perspectives in HTA policy and methods discussions was valued. The CADTH Symposium is a "Patients Included" conference and meets specific criteria – two patients on the conference planning committee, sessions via internet live stream without cost, and granting of travel awards – to receive this designation.

One suggestion was that, similar to the Drug Information Association Patient Advocate Fellowship Program, recipients could be identified as 'Fellows' with responsibilities to attend morning briefings to gain greater insight, attend evening de-briefings, act as mentor to new Fellows the following year. Further criteria (beyond that specified at https://www.cadth.ca/2018-cadth-symposium/travel-awards) suggested were: involvement in CADTH and other HTA work, ability to connect with others in the patient community, and diversity of experience. Additionally, there was a request to consider equity, rather than equality, when assigning level of funding.

It was also suggested that if the number of awards granted and chance of success was publicly available, relevant patient group organizations may be encouraged to include CADTH symposium attendance in their organization budgets.

**ACTION:** CADTH to share a high level summary of past award recipients and their participation in HTA work, following participation at the CADTH symposium.

**ACTION:** Forum members to respond to specific follow-up questions on partial vs full coverage, offset wages and any ideas to improve patient experience at CADTH symposium.

Thank you to Peter Chinneck for providing an introduction and Seema Nagpal for chairing this session.

**3. Biosimilars**

CADTH proposes to play a centralized coordinating role of biosimilar reviews, working in collaboration with Health Canada, pan-Canadian Pharmaceutical Alliance (pCPA), participating federal, provincial and territorial public drug plans and provincial cancer agencies. Under the proposal, biosimilar reviews would not go to CADTH's expert review committees; instead CADTH would provide commentaries and analyses on sections of the Biosimilar Summary Dossier and work closely with Health Canada to include a summary of the market authorization of the biosimilar under review. Stakeholder perspectives and experiences would be included in the Dossier, which would be shared publicly on the CADTH website.

As part of the discussion, the following questions were raised:

- Why would CADTH need to review biosimilars if Health Canada confirms there is an absence of clinically meaningful differences between the original drug and the biosimilar, and if biosimilars are cheaper, and therefore more cost-effective? CADTH plays a coordinating role to avoid duplication of review by each participating drug plan, by focusing on implementation considerations, and supporting pCPA negotiations.

- Would CADTH recommend switching from original drug to biosimilar? CADTH is evidence-based. If there is evidence for switching, CADTH would appraise and include this information in the Summary Dossier.

It was highlighted that different patient populations may have very different experiences with biosimilars, and so the opportunity to comment on each biosimilar reviewed would be important.

A comment was made that some of the current questions in the patient input template may be unnecessary for biosimilar reviews. It was agreed that specific template prompts around access, cost, patient support programs, and other implementation considerations, would be more useful than the existing template for biosimilar reviews. Forum members also agreed it was important for patient groups to be able to comment on the biosimilar dossier.

Durhane Wong-Rieger volunteered to work with CADTH to identify useful questions for patient groups to respond to, when preparing patient input on biosimilar reviews. Other groups may also want to provide comment.

Thank you to Helen Mai for providing an introduction and Wayne Critchley for chairing this session.

## 4. Health Technology Management at CADTH

CADTH President and CEO, Brian O'Rourke, outlined the vision for CADTH's move from health technology assessment to health technology management involving: identification, priority setting, assessment, recommendation, implementation, and disinvestment, of drug and non-drug technologies.

The summary of the generative discussion that followed can be found at https://www.cadth.ca/cadth-patient-community-liaison-forum with the title "Patient Involvement in Health Technology Management".

## 5. Next meeting

Next meeting is a teleconference on Wednesday December 13, noon to 1pm EST, with Wayne Critchley to chair.