

Frequently Asked Questions: Clinician Input and Feedback for the CADTH pCODR Program

1. Why is registration required for a clinician to provide input and feedback to the pCODR program?

Similar to other eligible stakeholders, clinicians are required to register through the [Registration Page](#). Of note, when asked to specify the specialty (question 1, section II), and if applicable, clinicians who are oncology nurses or oncology pharmacists are requested to identify if they are an oncology nurse or an oncology pharmacist in the “Other (Please Specify)” field. Registered clinicians receive notifications of upcoming reviews for input and notifications of initial recommendations issued for feedback. In addition, registered clinicians have access to CADTH Collaborative Workspaces to electronically submit their input and feedback to pCODR in a secure manner.

2. Who can register to provide clinician input and feedback?

An eligible registrant must meet both requirements:

- is an actively practising oncologist (or a physician who treats cancer patients), oncology pharmacist, or oncology nurse
- submits a declaration of conflict of interest.

Note: The input from an oncology pharmacist and oncology nurse must be part of a joint submission with a registered oncologist or physician who treats cancer patients.

3. Why does a registered clinician need to submit a declaration of conflict of interest?

The principles of transparency and disclosure are essential to ensuring the highest ethical standards and to maintaining the integrity of the research undertaken by and/or sponsored by the CADTH pCODR program. By disclosing to CADTH any and all relevant personal, occupational, and financial connections or interests, participants in pCODR activities will ensure that conflicts of interest are identified and resolved, thereby preserving the objectivity and credibility of pCODR processes.

4. How will a registered clinician be notified of upcoming reviews for clinician input?

Registered clinicians will receive notifications via email of all upcoming reviews at pCODR. The email notification will have information pertaining to the drug and indication under review, the link to the clinician input template, and the deadline date for submitting input.

5. What information is provided in the input?

Key questions for clinician input include:

- current treatments for indication under review
- eligible patient population
- relevance to clinical practice
- sequencing and priority of treatments
- companion diagnostic testing.

There may be other questions from public funders related to implementation. These questions are specific to the drug and indication under review.

In addition to the abovementioned, implementation issues may also be addressed by oncology pharmacists and oncology nurses, who provide invaluable information on issues relating to drug preparation and administration. In view of this, we have extended the eligible stakeholders to oncology nurses and oncology pharmacists to provide input as part of a joint input

submission with a lead oncologist or physician treating the specific cancer indication. This supports a more complete assessment of health system enablers and barriers to implementation.

The clinician input is shared with the review team, and incorporated into the clinical and economic reports, and presented to the pCODR Expert Review Committee (pERC) for its deliberations.

6. How and when can clinician input be submitted to pCODR?

Clinicians are required to register through the [Registration Page](#). Of note, when asked to specify the specialty (question 1, section II), and if applicable, clinicians who are oncology nurses or oncology pharmacists are requested to identify if they are an oncology nurse or an oncology pharmacist in the “Other (Please Specify)” field.

To submit a completed input template, registered clinicians must log on to the CADTH Collaborative Workspaces and upload the completed submission, along with the conflict of interest declaration form from each contributor named in the input template, to the corresponding drug folder. Please include the lead clinician’s or the organization’s name in the file name.

The deadline date for stakeholder input is ten (10) business days after pCODR receives the submission. Input can be submitted anytime during this ten-day period.

7. How and when will a registered clinician be notified of recommendations for feedback?

Registered clinicians will receive notifications via email of when an Initial Recommendation for a drug review has been issued. The email notification will have information pertaining to the drug and indication, the link to the stakeholder feedback template, and the deadline date for submitting feedback.

8. When can clinician feedback be submitted to pCODR?

Registered clinicians can provide feedback on an Initial Recommendation **only if they have provided input on the drug review at the beginning of the process**. Feedback can be submitted to the pCODR program within ten (10) business days of the pERC Initial Recommendation being posted on the pCODR section of the CADTH website.

9. What information is provided in the feedback and how is it used by pCODR?

Feedback must be provided in conformity with the templates provided in the pCODR section of the CADTH website and should relate only to the pERC Initial Recommendation. Feedback on the Initial Recommendation may require pERC to reconsider the Initial Recommendation. New Information should not be provided in the feedback and will not be considered by pERC in its reconsideration of the Initial Recommendation. Feedback is used by pERC to inform its re-deliberation of the evidence according to pERC’s deliberative framework. Feedback is also used to improve the clarity of the recommendation, whether a reconsideration is required or not.