



**pan-Canadian Oncology Drug Review  
Provincial Advisory Group (PAG) Feedback  
on a pCODR Expert Review Committee Initial  
Recommendation**

**Ipilimumab (Yervoy) for Advanced Melanoma**

April 18, 2012

### 3 Feedback on pERC Initial Recommendation

Name of the drug indication(s): Ipilimumab (Yervoy) for metastatic melanoma

Endorsed by: Provincial Advisory Group Chair

Feedback was provided by eight of the nine provinces (Ministries of Health and/or provincial cancer agencies) participating in pCODR.

#### 3.1 Comments on the Initial Recommendation

- a) Please indicate if the PAG (either as individual PAG members and/or as a group) agrees or disagrees with the initial recommendation:

agrees                       agrees in part                       disagree

*Please explain why the PAG (either as individual PAG members and/or as a group) agrees, agrees in part or disagrees with the initial recommendation.*

The majority of PAG members providing feedback agreed with the initial pERC recommendation and the findings outlined that ipilimumab provides a net clinical benefit but is not cost-effective.

PAG noted that the consideration of re-induction at the time of disease progression was included as part of the initial recommendation for ipilimumab. As pERC indicated in the recommendation document that no firm conclusions could be drawn regarding the effectiveness of reinduction with ipilimumab based upon the small number of patients who received reinduction in the Hodi 2010 study, it was noted that the available evidence to support the recommendation for reinduction did not appear to be as strong as expected. PAG indicated that the recommendation for reinduction could be problematic from a program implementation perspective and there is a potential risk for inconsistency between different jurisdictions on this matter, as defining certain parameters may be difficult (e.g. stable disease), and the cost-effectiveness of reinduction with ipilimumab is not certain. PAG also discussed the risk of precedence setting in this situation and noted that if precedence is set, pERC may experience pressure from a number of different stakeholders in the future to make consistent recommendations in every instance of low quality evidence.

- b) Notwithstanding the feedback provided in part a) above, please indicate if the PAG would support this initial recommendation proceeding to final pERC recommendation (“early conversion”), which would occur within 2(two) business days of the end of the consultation period.

Support conversion to final recommendation.                       Do not support conversion to final recommendation.  
Recommendation does not require reconsideration by pERC.                      Recommendation should be reconsidered by pERC.

The majority of PAG members providing feedback supported the conversion of the pERC initial recommendation to a pERC final recommendation with no further reconsideration required by pERC.

- c) Please provide feedback on the initial recommendation. Is the initial recommendation or are the components of the recommendation (e.g., clinical and economic evidence) clearly worded? Is the intent clear? Are the reasons clear?

Page Number	Section Title	Paragraph, Line Number	Comments and Suggested Changes to Improve Clarity
2	SUMMARY of pERC DELIBERATIONS	Paragraph 1, lines 4 - 7	One jurisdiction noted that paclitaxel plus carboplatin is also used in the first- and second-line treatment of metastatic melanoma.

### 3.2 Comments related to PAG input

Please provide feedback on any issues not adequately addressed in the initial recommendation based on the PAG input provided at the outset of the review on potential impacts and feasibility issues of adopting the drug within the health system.

Page Number	Section Title	Paragraph, Line Number	Comments related to initial PAG input
NA	NA	NA	PAG noted that the pERC initial recommendation addressed the majority of the issues potentially impacting on feasibility of adopting the funding recommendation for ipilimumab as identified by PAG in input at the outset of the review.
NA	NA	NA	Although ipilimumab is not currently approved by Health Canada in the first-line setting of metastatic melanoma, PAG noted that there will likely be interest in using ipilimumab in this area based upon the favorable results with respect to overall survival seen in the Robert et al study (Robert C et al. N Engl J Med. 2011 Jun 30;364(26):2517-26). PAG indicated that a submission to have ipilimumab reviewed by pCODR in the first-line treatment setting would be desirable.
NA	NA	NA	Although pERC addressed the issue of drug wastage, PAG highlighted that wastage would continue to be an implementation issue that would need to be addressed with the manufacturer, as it may impact the ability of some treatment centers to deliver the therapy.

### 3.3 Additional comments about the initial recommendation document

Please provide any additional comments:

Page Number	Section Title	Paragraph, Line Number	Additional Comments
NA	NA	NA	No additional comments were received.

## About Completing This Template

pCODR invites the Provincial Advisory Group (PAG) to provide feedback and comments on the initial recommendation made by the pCODR Expert Review Committee. (See [www.pcodr.ca](http://www.pcodr.ca) for information regarding review status and feedback deadlines.)

As part of the pCODR review process, the pCODR Expert Review Committee makes an initial recommendation based on its review of the clinical, economic and patient evidence for a drug. (See [www.pcodr.ca](http://www.pcodr.ca) for a description of the pCODR process.) The pERC initial recommendation is then posted for feedback and comments from various stakeholders. The pCODR Expert Review Committee welcomes comments and feedback that will help the members understand why the PAG, either as individual PAG members and/or as a group, agrees or disagrees with the pERC initial recommendation. In addition, the members of pERC would like to know if there is any lack of clarity in the document and if so, what could be done to improve the clarity of the information in the pERC initial recommendation. Other comments are welcome as well.

All stakeholders have 10 (ten) business days within which to provide their feedback on the initial recommendation and rationale. If all invited stakeholders agree with the recommended clinical population described in the initial recommendation, it will proceed to a pERC final recommendation by 2 (two) business days after the end of the consultation (feedback) period. This is called an “early conversion” of an initial recommendation to a final recommendation.

If any one of the invited stakeholders does not support the initial recommendation proceeding to a pERC final recommendation, pERC will review all feedback and comments received at the next possible pERC meeting. Based on the feedback received, pERC will consider revising the recommendation document as appropriate. It should be noted that the initial recommendation and rationale for it may or may not change following consultation with stakeholders.

The pERC final recommendation will be made available to the participating provincial and territorial ministries of health and cancer agencies for their use in guiding their funding decisions and will also be made publicly available once it has been finalized.

## Instructions for Providing Feedback

- a) Only members of the PAG can provide feedback on the pERC initial recommendation; delegates must work through the PAG representative to whom they report.
  - a. Please note that only one submission is permitted for the PAG. Thus, the feedback should include both individual PAG members and/or group feedback.
- b) Feedback or comments must be based on the evidence that was considered by pERC in making the pERC initial recommendation. No new evidence will be considered at this part of the review process, however, it may be eligible for a Resubmission.

- c) The template for providing *Provincial Advisory Group (PAG) Feedback on a pERC Initial Recommendation* can be downloaded from the pCODR website. (See [www.pcodr.ca](http://www.pcodr.ca) for a description of the pCODR process and supporting materials and templates.)
- d) At this time, the template must be completed in English. PAG should complete those sections of the template where they have substantive comments and should not feel obligated to complete every section, if that section does not apply. Similarly, PAG should not feel restricted by the space allotted on the form and can expand the tables in the template as required.
- e) Feedback on the pERC Initial Recommendation should not exceed three (3) pages in length, using a minimum 11 point font on 8 ½" by 11" paper. If comments submitted exceed three pages, only the first three pages of feedback will be forwarded to the pERC.
- f) Feedback should be presented clearly and succinctly in point form, whenever possible. The issue(s) should be clearly stated and specific reference must be made to the section of the recommendation document under discussion (i.e., page number, section title, and paragraph). Opinions from experts and testimonials should not be provided. Comments should be restricted to the content of the initial recommendation.
- g) References to support comments may be provided separately; however, these cannot be related to new evidence. New evidence is not considered at this part of the review process, however, it may be eligible for a Resubmission. If you are unclear as to whether the information you are considering to provide is eligible for a Resubmission, please contact the pCODR Secretariat.
- h) The comments must be submitted via a Microsoft Word (not PDF) document to the pCODR Secretariat by the posted deadline date.
- i) If you have any questions about the feedback process, please e-mail [submissions@pcodr.ca](mailto:submissions@pcodr.ca).

*Note: Submitted feedback may be used in documents available to the public. The confidentiality of any submitted information cannot be protected.*