



**pan-Canadian Oncology Drug Review
Patient Advocacy Group Feedback on a pCODR
Expert Review Committee Initial
Recommendation**

Daratumumab (Darzalex) for Multiple Myeloma

Myeloma Canada

October 5, 2017

1 Feedback on pERC Initial Recommendation

Name of the drug indication(s): Darzalex (daratumumab) - In combination with lenalidomide and dexamethasone, or bortezomib and dexamethasone, for the treatment of patients with multiple myeloma who have received at least one prior therapy

Name of registered patient advocacy Myeloma Canada

**pCODR may contact this person if comments require clarification. Contact information will not be included in any public posting of this document by pCODR.*

1.1 Comments on the Initial Recommendation

a) Please indicate if the patient advocacy group agrees or disagrees with the initial recommendation:

agrees agrees in part disagree

Please explain why the patient advocacy group agrees, agrees in part or disagrees with the initial recommendation.

We believe pERC made the appropriate recommendations for funding based on the data provided. On behalf of patients we are pleased pERC concluded that daratumumab in combination with either bortezomib or lenalidomide plus dexamethasone meet patient's expectations. We understand provinces need to assess sequencing of these triple therapies, and we encourage them to look at patient's needs and ways to achieve the most optimal health outcome for patients and do this with a sense of urgency.

b) Notwithstanding the feedback provided in part a) above, please indicate if the patient advocacy group 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.

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	Time-Limited Need for daratumumab	Whole paragraph	The text under this paragraph is not as clear as it could be. We think it means that if a patient has just been prescribed len+dex or Bor+dex just before a listing is implemented

Page Number	Section Title	Paragraph, Line Number	Comments and Suggested Changes to Improve Clarity
			in a province is doing well daratumumab should not be added. Is this correct?
6 and 12	Adoption feasibility		The sequencing of daratumumab treatments as per the submission (triplets) is described, rightfully so, as not known and therefore the pERC committee suggests that provinces will have to address this issue upon implementation of daratumumab reimbursement and offered that provinces should collaborate to develop a common approach. We agree that this is a very important issue, however we encourage pERC and pCODR to urge province to solve, or offer a way to address sequencing question very rapidly as to not delay, through protracted discussions and evaluations, access to daratumumab for patients. The longer these discussions take the more patients will die waiting.
10	Clinical evidence	Long list of drug costs	For ease of reading we would suggest to present the costs of the drugs listed (vial cost, day costs, cycle costs, in a table format as this would make it more reader friendly to understand the difference in drug costs, cycle costs other combination drug costs.
11	Drug costs	Para 3 bullet 2	Why include the cost of carfilzomib, as it really doesn't have an impact on the cost comparison, or ICER of daratumumab in the context of the triplet therapies (len + dex and bor + dex) and there are no comparison with carfilzomib.
11	Cost-Effectiveness estimates	Last paragraph	It is unfortunate that we negotiated price of lenalidomide is not included in the QALY as it would lower the ICER would be more realistic.

1.2 Comments Related to Patient Advocacy Group Input

Please provide feedback on any issues not adequately addressed in the initial recommendation based on patient advocacy group input provided at the outset of the review on outcomes or issues important to patients that were identified in the submitted patient input. Please note that new evidence will be not considered during 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 providing is eligible for a Resubmission, please contact the pCODR Secretariat.

Examples of issues to consider include: what are the impacts of the condition on patients' daily living? Are the needs of patients being met by existing therapies? Are

there unmet needs? Will the agents included in this recommendation affect the lives of patients? Do they have any disadvantages? Stakeholders may also consider other factors not listed here.

Page Number	Section Title	Paragraph, Line Number	Comments related to initial patient advocacy group input
10	Patient values on treatment	2 nd paragraph Last sentence - line 6	This sentence refers to the perception on the impact of infusion duration by the pERC committee members and not that of Myeloma Canada. It is not supported by the patient survey questions posed to patients and reported in our submission, therefore it should be removed from this section. It belongs in another section of the document.

1.3 Additional Comments About the Initial Recommendation Document

Please provide any additional comments:

Page Number	Section Title	Paragraph, Line Number	Additional Comments
NA			

About Completing This Template

pCODR invites those registered patient advocacy groups that provided input on the drug under review prior to deliberation by the pCODR Expert Review Committee (pERC), to also provide feedback and comments on the initial recommendation made by pERC. (See www.cadth.ca/pcodr 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.cadth.ca/pcodr for a description of the pCODR process.) The 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 patient advocacy groups agree or disagree with the 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 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, including registered patient advocacy groups, agree with the recommended clinical population described in the initial recommendation, it will proceed to a final pERC 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 final pERC 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 final pERC 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 registered patient advocacy groups that provided input at the beginning of the review of the drug can provide feedback on the initial recommendation.
 - Please note that only one submission per patient advocacy group is permitted. This applies to those groups with both national and provincial / territorial offices; only one submission for the entire patient advocacy group will be accepted. If more than one submission is made, only the first submission will be considered.
 - Individual patients should contact a patient advocacy group that is representative of their condition to have their input added to that of the group. If there is no patient advocacy group for the particular tumour, patients should contact pCODR for direction at www.cadth.ca/pcodr.

- b) Feedback or comments must be based on the evidence that was considered by pERC in making the initial recommendation. No new evidence will be considered during this part of the review process; however, it may be eligible for a Resubmission.
- c) The template for providing *pCODR Patient Advocacy Group Feedback on a pERC Initial Recommendation* can be downloaded from the pCODR website. (See www.cadth.ca/pcodr for a description of the pCODR process and supporting materials and templates.)
- d) At this time, the template must be completed in English. Patient advocacy groups 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 to their group. Similarly, groups 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 initial pERC recommendations **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 new references. New evidence is not considered during 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 by logging into www.cadth.ca/pcodr and selecting "Submit Feedback" by the posted deadline date.
- i) Patient advocacy group feedback must be submitted to pCODR by 5 P.M. Eastern Time on the day of the posted deadline.
- j) If you have any questions about the feedback process, please e-mail pcodrinform@cadth.ca. For more information regarding patient input into the pCODR drug review process, see the *pCODR Patient Engagement Guide*. Should you have any questions about completing this form, please email pcodrinform@cadth.ca

Note: Submitted feedback is publicly posted and also may be used in other documents available to the public. The confidentiality of any submitted information at this stage of the review cannot be guaranteed.