Incorporating Patient Input in CADTH and INESSS Drug Reviews

How is it included and how does it inform CDEC, pERC and CSEMI deliberations?

APRIL 16, 2019
Sarah Berglas
Patient Engagement Officer, CADTH

I have the following relevant financial relationships to disclose:

• I am a paid employee of CADTH

• CADTH is funded by federal, provincial, and territorial ministries of health.

• Application fees for three programs:
  • CADTH Common Drug Review (CDR)
  • CADTH pan-Canadian Oncology Drug Review (pCODR)
  • CADTH Scientific Advice
Panelists

Elizabeth Lye
Director of Research & Programs, Lymphoma Canada

I have the following relevant financial relationships to disclose:

- I am a paid employee of Lymphoma Canada, a national registered charity.
- Lymphoma Canada has received grant support from the following pharmaceutical companies during the past 2 years: Abbvie, Merck, Janssen, Gilead, BMS, Roche, Servier, AstraZeneca, Amgen, Teva, Novartis, Celgene
Panelists

Amanda Cresswell-Melville
Executive Director, Eczema Society of Canada

I have the following relevant financial relationships to disclose:

• I am a paid employee of the Eczema Society of Canada (ESC), a registered Canadian charity dedicated to improving the lives of Canadians living with eczema

• ESC receives funding from: corporations - including pharmaceutical companies; funding organizations - such as United Way; and donations
Panelists

Valerie McDonald
Patient Member, pCODR Expert Review Committee

I have the following relevant financial relationships to disclose:

• I receive an honorarium for participation on the pan-Canadian Oncology Drug Review (pCODR) Expert Review Committee (pERC) (CADTH).
Panelists

Allen Lefebvre
Public Member, Canadian Drug Expert Committee

I have the following relevant financial relationships to disclose:

• Receives honoraria for participation on the Drug Advisory Committee of Saskatchewan (Government of Saskatchewan)
• Receives honoraria for participation in CDEC (CADTH)
Panelists

Sylvie Bouchard
Director of Medication, INESSS

I have the following relevant financial relationships to disclose:

• I am a paid employee of INESSS
• INESSS is funded by the ministry of health and social services of Québec.
• Application fees for 2 programs:
  • Assessment of drugs for listing
  • Assessment of blood products for listing
Role of HTA

Health Canada
Is it safe? Does it work?

HTA Agency
How does it compare to existing treatment options?

Ministries/Public Insurance Plans
Can we afford it?
CADTH Common Drug Review
Pan-Canadian Oncology Drug Review

**CADTH Review Team**
Patient input used to inform review protocol, clinical and economic reports

**Expert Committees** *(CDEC, pERC)*
Patient input presented, used in deliberations and reflected in recommendations

**Public Drug Plans**
Shared with plans and shared at [www.cadth.ca](http://www.cadth.ca)
Institut national d’excellence en santé et en services sociaux

Comité scientifique de l'évaluation des médicaments aux fins d'inscription
Why listen to patient perspectives and experiences
Patients and caregivers are directly impacted by illness and its treatments:

- Live with the daily and long-term effects of illness and treatments
- Lived experience with the drug under review
- Have the most to gain (or lose) from reimbursement decisions
Why listen to patients?
Nothing for the patient, without the patient.
pERC listens for

- Day-to-day lived experiences of disease and treatments
- Information/context regarding:
  - quality of life
  - adverse events
  - logistical implications
  - trade-offs
  - socio-demographics
Allen Lefebvre

- Systematic reviews: data and statistics, RCT
- Patient perspectives:
  - Personalize the data
  - Remind us who we do this for
  - Identify unmet needs in therapy
  - Lived experience vs. clinical trials
Stakeholders engagement at INESSS

- Stakeholders engagement was a foundational element of INESSS creation.
- The engagement of various stakeholders is part of all INESSS Directorates (Medication, Technology & Social Services).
- Stakeholders participation can originate from involvement of patients, users, patients association, caregivers & citizens.
- Stakeholders & patient engagement is important:
  - to **bonify & complement** the scientific evaluation process based of clinical results and scientific literature.
  - to ensure **fairness and acceptability** of recommendations made by INESSS.
INESSS - stakeholder & patient involvement

- Has significantly increased in the past years
- Is included in INESSS’s strategic plan 2016-2020
- Now a key performance indicator monitored by INESSS direction
  - Objectives:
    - 25% in 2019
    - 50% in 2020
- Is included in the assessment of therapeutic value as patient perspective
- Is managed by INESSS permanent employees (±3)
INESSS - stakeholder & patient involvement

- In addition to the already integrated stakeholders & patients engagement to the **drugs evaluation process**, patients can also be engaged in the **optimal use of medication activities**.

- Recent examples of projects completed:
  - Optimal use of immunoglobulins in neurology
  - Statins, lipid-lowering agents and cardiovascular risk reduction
  - Syndromic approach to the pharmacological treatment of sexually transmitted and blood-borne infections
  - Standardization of practices regarding beta lactam allergies

- Recent examples of ongoing projects:
  - Lyme disease: from diagnosis to treatment
  - Standardization (banding) and rounding of doses of antineoplastic agents
Approaches to preparing patient input
Lymphoma Canada – pCODR Patient Input

How we collect input:

• Use a combination of online surveys and phone interviews - structured questionnaire
• Include multiple choice, rating, and open-ended questions
• Promote call for input through multiple channels:
  • Internal email database
  • Social media
  • National and international patient groups
What information we include:

- Focus on information that is most relevant to the drug-indication combination under review:
  - line of therapy
  - experience with comparator treatments
  - unmet need
  - experience with drug under review
- Include aggregate data when possible
- Use patient quotes to provide examples
Example 1: Nivolumab for Relapsed/Refractory Hodgkin Lymphoma

- Aggressive lymphoma – curable with chemotherapy
- Young adults – in school or early in career
- Multiple previous treatments include multi-drug regimens with high toxicity and autologous stem cell transplant
- Prognosis is poor; alternatives are supportive therapies
- Nivolumab is a targeted drug therapy, with minimal toxicity that is given by infusion
- Single arm clinical trial submitted for drug review
Seventy percent (70%; 71/101) of patients who completed the surveys were a teenager or young adult (13-39 years-old) at diagnosis.

The majority of patient respondents (61%) indicated that HL had a negative impact on their ability to work.

The most commonly reported financial impact of treatment was absence from work (69%).

Toxicity associated with previous treatments was a significant concern for many patients.

“Effectiveness” of a new drug therapy was rated as most important to 70% of respondents.

Many patients (57%) also reported that “minimal side effects” or “less side effects than current treatments” was very important to them.
Example 1: Nivolumab for Relapsed/Refractory Hodgkin Lymphoma

- For those who were experiencing symptoms before treatment, 50% reported that nivolumab was able to manage all their disease symptoms.
- Nivolumab was well-tolerated and 33% of respondents reported they did not experience any side effects during treatment.
- Nivolumab had a very positive impact on respondents’ ability to work, attend school, participate in activities, travel and their personal relationships.
- Respondents were asked, based on their experience with nivolumab, if they would recommend this treatment to other HL patients. All 15 individuals (100%) responded “yes”.
Example 2: chemo + obinutuzumab for front-line treatment of follicular lymphoma

- Chronic lymphoma – relapsing and remitting; no cure
- Many patients do not receive treatment at diagnosis
- Current standard front-line treatment results in long remissions in many patients
- Therapy under review shows incremental improvement in PFS (approx. 5-7% at 3 years) with slightly higher rate of toxicity, same mode of administration
- RCT submitted for drug review
Example 2: chemo + obinutuzumab for front-line treatment of follicular lymphoma

- When asked if they would take std front-line treatment again if it was recommended, 79% selected “yes”, 15% “did not know”, and 5% selected “no”.
- Based on summary of RCT data: 38% would choose the experimental treatment, while 10% would choose the standard of care.
- 31% of the respondents would choose the treatment recommended by their oncologist and 22% did not know.
- Longer survival (87%) and longer remission (79%) “extremely important” outcomes for a new front-line treatment
- 44% ranked “fewer side effects than current therapies” as “extremely important”
Example 2: chemo + obinutuzumab for front-line treatment of follicular lymphoma

• Obinutuzumab was well-tolerated by all patient respondents and side effects reported were described as tolerable in most cases.
• The most difficult side effect to tolerate for respondents (67%) was fatigue.
• All patients reported that chemotherapy + obinutuzumab managed most of their disease symptoms, including enlarged lymph nodes, fever, shortness of breath, anemia and night sweats.
• When asked whether they would take this therapy again if it was recommended, all patients responded “yes”.
Preparing Patient Input Submissions

What have we learned?
The Process

✓ Plan
✓ Gather
✓ Write
✓ Review
✓ Validate
PLAN

✓ Prepare your team
✓ Identify patients and caregivers
What type of data is appropriate, available and feasible?
WRITE

Select
Synthesize
Summarize
REVIEW & VALIDATE

APPROVED
Approaches to using patient input
pCODR: Using Patient Input

pCODR:
- Invites participation
- Offers support
- Incorporates input
- Invites feedback
- Acknowledges contributions

pERC’s Deliberative Framework for drug reimbursement recommendations focuses on four main criteria:

- Clinical Benefit
- Patient-Based Values
- Economic Evaluation
- Adoption Feasibility
pCODR Supports for Patient Groups

- Cancer Drug Pipeline Information for Patient Groups
  [http://www.ccanceraction.ca/](http://www.ccanceraction.ca/)
- pCODR staff, training, CADTH symposium
- CADTH/pCODR website [https://cadth.ca/pcodr/patient-input-and-feedback](https://cadth.ca/pcodr/patient-input-and-feedback)
Presentations to pERC

• Overview: who, conflicts, information gathering
• Disease experience: key concerns, impact on daily life
• Current treatments: how effective, how manageable
• Expectations: what is needed and why?
• Experience with treatment under review
• Comparison with clinical trial
Process Overview: Where Patient Input Fits

- CADTH staff prepare reports: clinical, pharmacoeconomic, current drug plan coverage, international decisions (EDRD)
- 3 discussants, always including 1 public member
- Public member summarizes and presents the patient perspective – based on patient input received not personal experience with the disease
- 2 public members on CDEC, all members have equal vote
- Public member perspective
My Public Member Reports

- **Overview:** who, how data collected, conflicts
- **Patient perspectives:** disease impacts, experience with current therapies including drug under review
- **Gaps:** what are the unmet needs?
- **Top Issues:** compare the key patient issues with data from the trials. Does this drug fill any unmet need?
- Cost rarely has any impact on my report
Key Questions for CDEC

• Is the drug worth paying for?
• If so how much?

Key Elements of the Process

• Recommendations relate to drug plan reimbursement, not treatment
• Decisions are based on evidence of benefit, not need
• Cost effectiveness: relative to other drugs currently used
• CADTH has no access to actual drugs costs, only public pricing
• Population vs. individual
INESSS approaches

- 3 different levels of patient engagement identified at INESSS

Consultation
Seeking someone’s knowledge

Collaboration
Working together

Partnership
Building together

In the **drugs assessment process**, the patients and other stakeholders are **partners as they are involved in the deliberative process**
Stakeholders engagement relevance

- Which factors are taken into consideration to determine if stakeholders will be involved in a project under evaluation?
  - Multiples reasons... mainly for information that is not available in literature
  - Linked to the complexity of the project under evaluation
  - Participation would be ideal in most projects but are limited due to capacity issues
Stakeholders engagement relevance

- Pre-defined landmarks:
  - Criticality of project in the health care system
    - New and innovative technologies
    - Evaluation done for public reimbursement
    - High cost
  - General population sensitivity ... children
  - Vulnerable population sensitivity ... rare diseases
  - Absence or limited information on the disease
  - Uncertain balance between risks & benefits
    - « willingness to suffer »
  - Social priority
  - Re-assessment
  - Controversial subject
In the **drugs assessment process**, patients and other stakeholders are welcome to send comments as per drug assessment timelines published on our website:

- For a 7-week period as per initial publishing
  - Letters/videos from patients, patient advocacy groups and health care professional are received
  - Documentation to be taken into consideration during various steps of drug assessment
  - Patient comments collected are not made public, but reported in the « Avis au ministre » in sections entitled "Perspective du patient".
INESSS process

- In the **drugs assessment process**:  
  - Citizens participation to deliberative process of drugs assessment:
    - Two (2) citizens are permanent members of the CSEMI
    - Citizens members have same rights and privileges than other members on the committee and same vote authority
  - Above mentioned documentation is read and represented by the citizens members.

![Partnership](Image)

**Partnership**
Building together
In the **drugs assessment process**: 

- It is also possible to initiate activities directly with patients advocacy groups or patients in case of specific need to obtain more information
  - Example: information required on the burden of a disease or unmet need

- Recent example: consultation with patients and caregivers was organized at fall 2018 to support the reassessment of the Spinraza\textsuperscript{MC}.
  - Summarized information was included in the final « Avis au ministre »
What could be improved?
Improvements: Elizabeth Lye

• Connect patient groups that are new to the pCODR process with a group that has experience to assist in development of patient input

• Provide constructive feedback to patient groups following pERC review
How can the input process be improved from the patient perspective?

✔ Advanced notice and longer timelines

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<td>Planning</td>
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<td>Identifying patients</td>
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Better understanding of how the input is used and weighted
Collaboration on the summary document
Follow-up patient engagement
✓ Patient guide

- What?
- Why?
- How?
Final Thought

Let’s not only hear from patients, let’s truly listen.
What could be improved?

• Engage patients earlier in HTA process
• Be transparent about data collection methods
• Offer specific details/anecdotes
• Describe advantages and disadvantages
• Explore trade-offs
• State core values directly
• Offer feedback on pERC Recommendations
Improvements: Allen Lefebvre

Do
• Mix data and personal experience
• Quantify # patients (in Canada and polled)
• Tell us how your patients vary from study populations
• Identify gaps in treatment
• Tell it like it is, good and bad

Patient credibility balances study statistics
Improvements: Allen Lefebvre

Don't
• Regurgitate trial data
• Swamp us with only personal quotations, synthesize the important themes
• Sugar coat adverse effects

Patient credibility balances trial statistics
INESSS challenges

- Ensure to involve the right stakeholders (patient, users, caregivers, association, citizens) as per project’s objectives.

- Recruitment challenges:
  - associated with the fast pace of assessments & timelines.
  - to ensure representation of marginalized or vulnerable populations

- Foster the involvement of the right stakeholders (applying diversification criteria), at the most appropriate levels of engagement (consultation, collaboration, partnership), at the right time, using rigorous qualitative methods (questionnaires, interviews, focus groups, etc.).
INESSS challenges

- Select stakeholders that have right balance of sufficient relevant knowledge to actively contribute but also able to step back from personal experiences to consider the collective/societal perspective.

- Develop INESSS internal expertise (resource and knowledge) to manage a large volume of patient-related activities.

- Personalised and continuous support for the teams in charge of assessment projects involving participation.

- Ensure that power asymmetry is considered on advisory committees when patients, users or caregivers are involved.

- Manage the various interest of external parties involved.
Questions and comments