CADTH REIMBURSEMENT REVIEW

Patient and Clinician Group Input

belantamab mafodotin, pomalidomide, dexamethasone

GlaxoSmithKline Inc.

Indication: Belantamab mafodotin is anticipated to be indicated for the treatment of multiple myeloma in combination with pomalidomide and dexamethasone (Bpd) in adult patients who have received at least one prior therapy including lenalidomide.

November 7, 2024

This document compiles the input submitted by patient groups and clinician groups for the file under review. The information is used by CADTH in all phases of the review, including the appraisal of evidence and interpretation of the results. The input submitted for each review is also included in the briefing materials that are sent to expert committee members prior to committee meetings.

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CADTH

CADTH Reimbursement Review Patient Input

Name of Drug: belantamab mafodotin (BLENREP) in combination with pomalidomide (Pomalyst) and dexamethasone

Indication: for the treatment of multiple myeloma in combination with pomalidomide and dexamethasone (BPd) in adult patients who have received at least one prior therapy including lenalidomide

Name of Patient Group: Myeloma Canada

Author of Submission: Aidan Robertson [redacted]

1. About Your Patient Group

Multiple myeloma, also known as myeloma, is the second most common form of blood cancer. Myeloma affects plasma cells, which are a type of immune cell found in the bone marrow. Every day, 11 Canadians are diagnosed with myeloma, yet despite its growing prevalence the disease remains relatively unknown. People with myeloma experience numerous relapses; with successful treatment it can enter periods of remission, but myeloma will always ultimately return and require further treatment. Myeloma patients also become refractory to a treatment, meaning it can no longer control their myeloma, and they require a new regimen. Myeloma Canada has existed for over 15 years to support the growing number of Canadians diagnosed with myeloma, and those living longer than ever with the disease can access new and innovative therapies. Over the years, as a part of this mission Myeloma Canada has collected data on the impact of myeloma and its treatments on patients and caregivers by conducting surveys. The data are then presented to the pERC.

www.myeloma.ca

1. Information Gathering

Myeloma Canada is sharing the input received from a patient and caregiver survey regarding belantamab mafodotin in combination with pomalidomide and dexamethasone (BPd) therapy for the treatment of relapsed refractory multiple myeloma in adult patients who have previously received lenalidomide. Our patient and caregiver survey included questions regarding both combinations including belantamab mafotodin (BVd and BPd), was available from August 26 – September 30, 2024, and was shared via email and social media by Myeloma Canada, and the Leukemia and Lymphoma Society of Canada. Of 356 total responses to the survey, 64 incomplete responses wherein a respondent did not finish answering survey questions, and 193 ineligible responses were removed from the dataset, leaving 100 complete and eligible responses. Survey eligibility was determined by patient and caregiver self-report of

their experience with myeloma, that they (or the person they care for) have been treated with lenalidomide, or with belantamab mafodotin in combination with pomalidomide and dexamethasone. All respondents were initially asked similar questions regarding disease experience. Upon verifying their eligibility for, or experience with, the treatment under review (BPd), respondents were divided into two subsets, and correspondingly posed different questions. The subsets and their demographic characteristics are as follows: (Note: 3 additional respondents had experience with belantamab mafodotin as a monotherapy, their responses were retained in the disease experience section, but they did not fall into either Subset).

1. **Subset E** : Patients who would currently be eligible for treatment with BPd and their caregivers
    i. Respondents **(90)** were from Ontario (39), British Columbia (17), Quebec (12), Alberta (11), Manitoba (10), Newfoundland and Labrador (2), Yukon (2), Nova Scotia (1), Prince Edward Island (1), New Brunswick (1), Saskatchewan (1), and 1 from outside of Canada (Ivory Coast).
    ii. 78 respondents were patients, and 12 were caregivers.
    iii. 44 respondents identified themselves as assigned male at birth (further referred to in this report as male), 44 as assigned female at birth (further referred to as female) and 2 chose 'prefer not to say'.
    iv. 70% (62) of Subset E respondents resided in an urban area, 30% (27) in a rural area, and 1 in a remote area.
    v. 43% (39) of Subset E respondents were between '70—79' years of age, 37% (33) were between '60–69', 10% (9) were between '50–59', 7 were between '80–89' years, and 2 final respondents were between '40–49' years old.
2. **Subset T** Patients who have experience with belantamab mafodotin + pomalidomide + dexamethsone and their caregivers
    i. Respondents **(7)** were from Ontario (4), British Columbia (2), and Manitoba (1).
    ii. 4 respondents were patients, and 3 were caregivers.
    iii. 4 respondents identified themselves as female, 3 as male.
    iv. 5 respondents were located in an urban area, and 2 in a rural area.
    v. 4 respondents were between '70–79' years of age, 1 was between '60–69', 1 between '50–59' and 1 respondent was between '40—49' years of age. (Note: the respondents in their 40's and 50's were both patients)

3. Disease Experience

All respondents (100) were asked "*How important it is to control various symptoms related to myeloma? Please rate on a scale of 1 - Not important to 5 - Extremely important",* by weighted average rating,

respondents indicated that ‘Infections’ (4.58) were the most important aspect to control, followed by ‘Kidney problems’ (4.52), ‘Mobility’ (4.46), and ‘Pain’ (4.38).

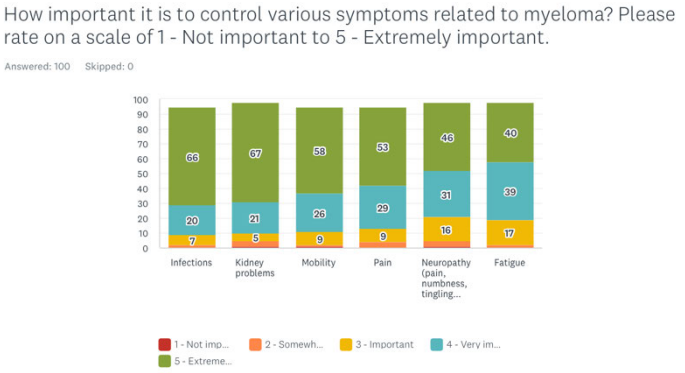


Figure 1 – Importance of controlling myeloma symptoms (All respondents; 100)

When asked “*Do symptoms associated with myeloma, or caring for someone with myeloma impact or limit your day-to-day activities and quality of life? Please rate on a scale of 1 - No impact to 5 - Extreme impact.”*, by weighted average rating, respondents (100) indicated that their ‘ability to travel’ (3.60) and ability to work (3.49) were most significantly impacted, followed by ‘ability to exercise’ (3.37), and ‘ability to conduct volunteer activities’ (3.28).

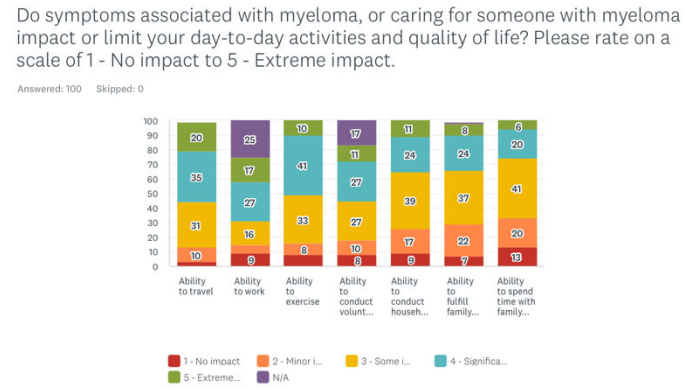


Figure 2 – Impact of myeloma on daily activities and quality of life (All respondents; 100)

When all respondents (99) were asked “*How long does it take you to travel to the hospital/cancer centre where you, or the person you care for, receive(s) treatment?”,* 46% of respondents (46) indicated ‘Less than 30 minutes’, 35% (35) of respondents chose ’30 mins – 1 hour’, 13 chose ‘1-2 hours’, 2 chose ‘3-4 hours’ and 3 respondents chose ‘Other’ commenting that they self-administer treatment at home, are not receiving treatment currently.

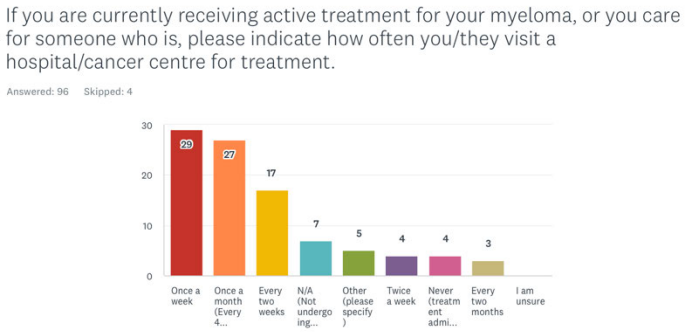


Figure 3 –Frequency of hospital visits for treatment (All respondents; 96)

When asked "*If you are currently receiving active treatment for your myeloma, or you care for someone who is, please indicate how often you/they visit a hospital/cancer centre for treatment."* respondents (96) most frequently selected, 'once a week' (29), followed by 'once a month (27), 'every two weeks' (17), N/A (not undergoing treatment)' (7), 'twice a week' (5) 'never (treatment administered at home)' (4) and 'every two months' (2). 5 respondents selected 'other', one of whom commented 'twice per month', and the other 4 indicated they receive treatment every 3 months.

When patients and caregivers (100) were asked, "*What have been the most significant financial implications of myeloma treatment on you and your household? Please check all that apply"*; respondents indicated travel costs (35) and parking costs (35), were the most significant financial implications of myeloma treatment, followed by drug costs (34), lost income/pension funds due to absence from work, disability, or early retirement (33), drug administration fees (13), accommodation costs (8), and medical supply costs (6). 4 respondents selected 'Other', 2 to elaborate on their selections, and 2 provided the following comments.

"government cutting finances because my wife makes very little money."

"Supplements, vitamin C infusions, blood tests".

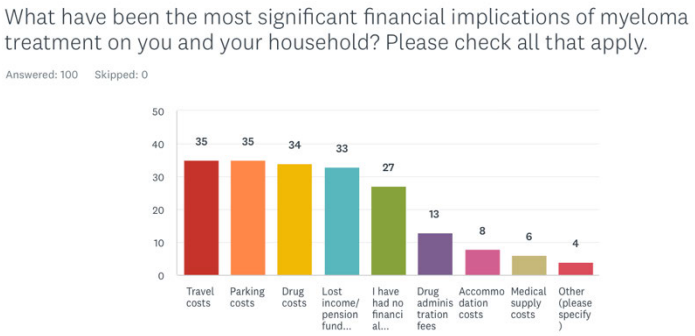


Figure 4 – Financial implications of myeloma (All respondents; 100)

All patients and caregivers were asked "*Have you experienced any of the following psychological / social difficulties due to multiple myeloma, or caring for someone with myeloma? Please rate how severely they impacted your quality of life on a scale of 1 - No impact to 5 - Extreme impact."* By the weighted average of responses, respondents (100) felt that that 'Interruption of life goals/accomplishments (career, retirement, etc.)' (3.51) had the most impact on quality of life, followed by 'Loss of sexual desire' (3.43) which was the option most frequently (22) rated 5 –extreme impact, 'Anxiety/worry' (3.35), and 'difficulty sleeping' (3.03).

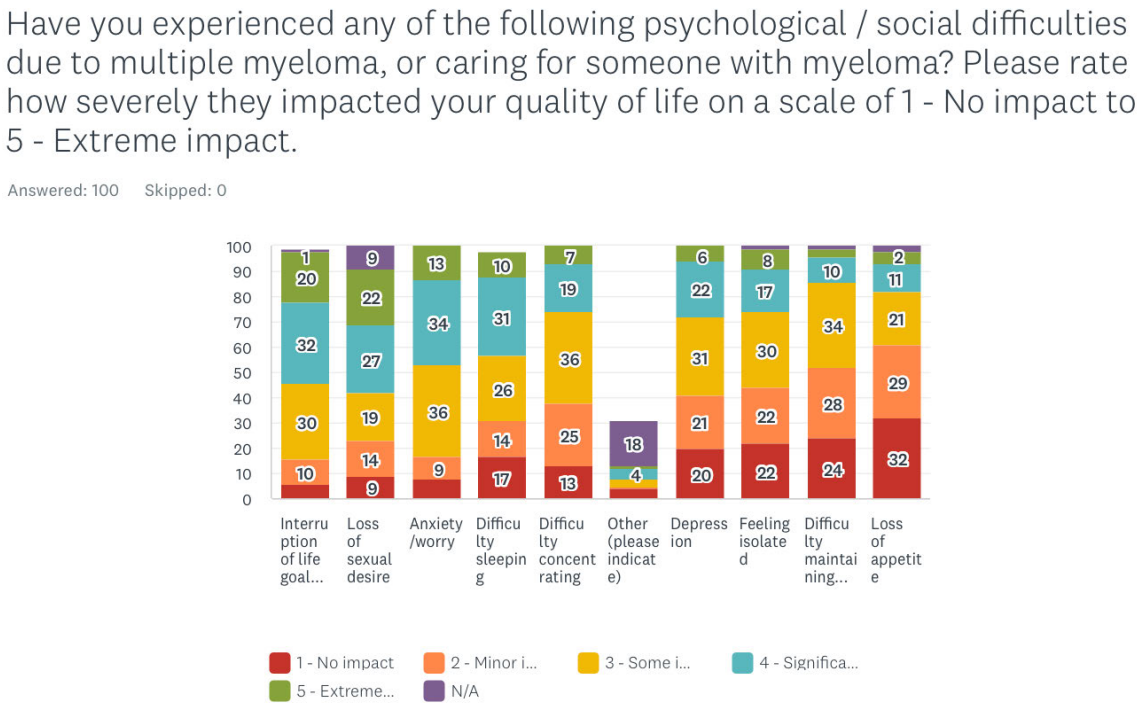


Figure 5 – Psychosocial impact of myeloma (All respondents; 100)

When all patients (83) were asked "*Do you need the support of a caregiver or family member to help you manage your myeloma or your treatment-related symptoms?"*, 34 answered 'No' they did not need a caregiver, 32 chose 'Yes', 12 chose 'No, but I would benefit from a caregiver's help', and 5 chose 'Yes but I am unable to access the help I need'.

All patients and caregivers were asked to identify the factors they consider to be most important to (any) myeloma treatment. Respondents (86) frequently mentioned maintaining quality of life and making side effects manageable, along with the effectiveness of treatment, especially in achieving remission and having a long, durable, response, and accessibility/portability of treatment (including fewer/minimal visits to the hospital/cancer centre), to be key factors. Responses to this effect are as follows:

i. *"data-confidence that it is a currently innovative or well tested treatment over time that promises results and has limited side effects, extends life expectancy"*
ii. *"How often the treatment requires me to go to hospital/ cancer clinic. This impacts my ability to travel and see family. I prefer an oral medication that allows me to visit family. Secondly the side effects of the treatment."*
iii. *"That the benefit far out weighs the risk/side affects. No one wants a treatment that makes you feel terrible and may have lasting affects to other organs or cause other forms of cancer. It needs to give longer and better quality of life.."*
iv. *"that there will always be another treatment/option/horse to pick.....living w an incurable cancer means having to stay positive and access to new drugs plays a BIG part...."*

4. Experiences With Currently Available Treatments

i. (eligible population Subset E)

Of 90 respondents, 30% (27) had received 2 lines of therapy, 26% (23) had received 3 lines of therapy, 23% (21) indicated they received 4 lines, 9 responded 5+ lines, 7 responded 1 line of therapy and 7 indicated they were unsure.

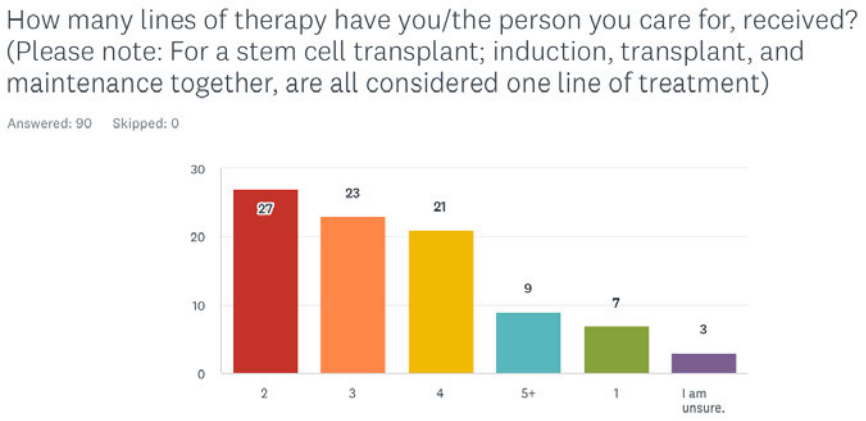


Figure 6 – Prior lines of therapy (Subset E; 100)

When asked, "*Have you/the person you care for, received an autologous stem-cell transplant (ASCT) to treat your myeloma?"* 72% (65) of respondents (90) said 'yes', 24% (22) indicated they/the person they care for was not eligible for an ASCT, and 3 respondents indicated they were preparing to have an ASCT soon. Those who did not receive an ASCT (22) were asked "Why did you, or the person care for, not receive an autologous stem cell transplant (ASCT)?" 68% (15) of respondents indicated 'Age', 1 chose 'Was not offered', 1 indicated 'I am unsure', and 5 selected 'Other' providing comments, many of which described comorbidities (kidney, pulmonary, low blood pressure) which precluded them from an ASCT.

When asked *"Which of the following classes of myeloma treatment have you or the person you care for received? Please select all that apply."*, 94% (85) of respondents (90) had received an immunomodulatory agent, 76% (68) had received a proteasome inhibitor, 54% (49) had received an anti-CD38 monoclonal antibody, 9% (8) had received a BCMA-targeted therapy (CAR T, bispecific, or ADC), 2 had received a GPRC5D targeted therapy, and 26 indicated 'Other' and provided comments, most of which mentioned dexamethasone and cyclophosphamide.

When asked "*Are you worried about having additional treatment options available when you or the person you care for relapse(s)?",* respondents (88) most frequently selected '5 - extremely worried' (26) followed by '4 – very worried' (25) and 3 – somewhat worried' (25).

ii. Treatment experience population - Subset T

Of 7 respondents, 4 had received 4 lines of therapy, 2 had received 3 lines and 1 indicated they received 2 lines of therapy.

When asked, "*Have you/the person you care for, received an autologous stem-cell transplant (ASCT) to treat your myeloma?"* 6 of 7 respondents said 'yes', and one indicated they/the person they care for was not eligible for an ASCT.

When asked "*Are you worried about having additional treatment options available when you or the person you care for relapse(s)?",* respondents (7) most frequently selected '4 - very worried' (3) followed by '5 – extremely worried' (2) and 3 – somewhat worried' (2).

5. Improved Outcomes (eligible population Subset E)

Respondents (89) were asked, "When considering a myeloma treatment, how important is it that the treatment improves overall quality of life for you/the person you care for", 62% (55) chose '5 – extremely important', 29% (26) chose '4- very important', 8% (7) chose '3 – somewhat important', and 1 person chose '2 – slightly important', for a weighted average rating of 4.52.

When asked "When considering a myeloma treatment, how important is it that the treatment increases life expectancy for yourself or the person you care for?", 70% (62) of respondents (89) chose '5 – extremely important', 23% (20) chose '4- very important', 8% (7) chose '3 – somewhat important', and 1 person chose '2 – slightly important', for a weighted average rating of 4.62.

Subset E (86) was asked "How desirable is an estimated two - three years (24 - 36 months +) of extended life without myeloma getting worse, for you or the person you care for? (Compared to an estimated 13 months with standard of care treatments.) 78% (67) indicated it was '5 – extremely desirable', 17% (15) chose '4 – very desirable', 2 chose '3 – somewhat desirable' and 2 chose '2 – slightly desirable'.

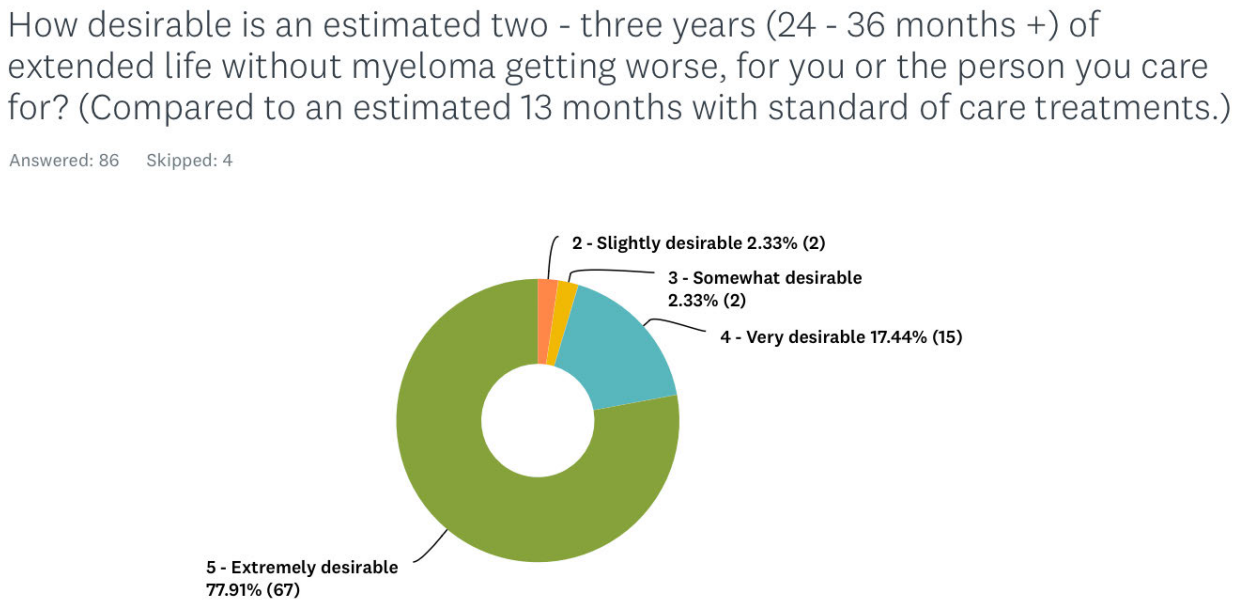


Figure 7 –Desirability of 2-3 years extended life without progression (Subset E; 86)

Subset E was presented information about common side effects of belantamab mafodotin, particularly the eye-related side effects (Blurry vision, eye pain, light sensitivity etc…). As well the dosing schedule of BPd was described.

Subset E was asked "*Amongst the most common side effects in patients who receive belantamab mafodotin, how tolerable do you expect they would be for you or the person you care for? Please rate on a scale of 1 Not at all tolerable to 5 Extremely tolerable'".* Ordered by weighted average of responses Subset E (90) perceived eye pain (1.99), blurry vision (2.14), foreign body sensation in eye (2.14) and infections (2.23) to be the least tolerable side effects, followed by eye irritation (2.26) and diarrhea (2.39). Overall, the median tolerability rating was 2 – Slightly tolerable for all except the hematological side effects which received a median rating of '3 – Somewhat tolerable'.

When Subset E was asked, "*How worrisome is the overall side effect profile for belantamab mafodotin, compared to other treatment options available to you or the person you care for? Please rate on a scale of 1 - Not at all worrisome to 5 - Extremely worrisome'.*" Respondents (88) most frequently chose '3 – Somewhat worrisome' (50%; 44), followed by, '2 – Slightly worrisome' (25%; 22), '4 – Very worrisome' (11%; 10), '1 – Not at all worrisome' (8%; 7) and '5 – Extremely worrisome' (6%; 5).

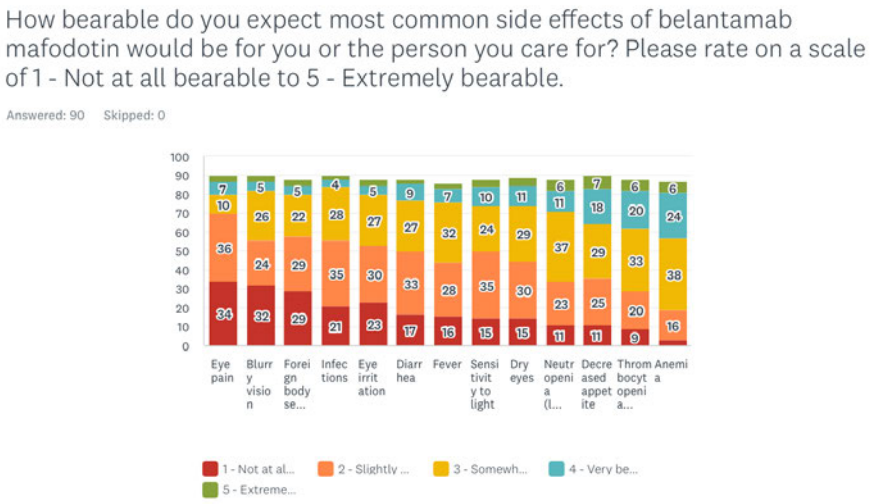


Figure 8 – Perception of belantamab mafodotin side effects (Subset E; 90)

Subset E was presented information about the rates of eye related side effects, and permanent vision damage from the DREAMM-7 and DREAMM-8 trials, and asked "*Does the above information impact your concern about you or the person you care for experiencing eye/vision-related side-effects due to belantamab mafodotin treatment."* Respondents (90) most frequently chose 'No, my level of concern/worry remains the same' (42%; 38), followed by 'Yes, I am more worried' (28%; 25), and 'Yes', I am less worried (27%; 24). 3 respondents chose 'other' and provided the following comments:

"If my life is extended and quality is good that s all I would be concerned with"

"I have been monitored for the past 10 years for birdshot uveitis and also macular degeneration is prevalent genetically therefore I am very concerned about side effects pertaining to the eye"

When asked, "*If you or the person you care for were eligible to receive belantamab mafodotin in combination with pomalidomide (Pomalyst) and dexamethasone (BPd), what do you believe the advantages and/or disadvantages would be compared to your current treatment?*". Subset E respondents were provided the following list of factors and asked to indicate if they felt there would be an increase or decrease in that area:

- Treatment side effects (86) – Increased: 24, No change: 28, Decreased: 6, I'm not sure: 28
- Control of myeloma and its symptoms' (89) – Increased: 26, No change: 16, Decreased: 6, I'm not sure: 41),
- Frequency of trips to the hospital or cancer centre for treatment (80) – Increased: 17, No change: 25 , Decreased: 21, I'm not sure: 17).
- Tolerability of the treatment's mode of administration (81) – Increased: 15, No change: 34, Decreased: 10, I'm not sure: 22.
- Quality of life (81) – Increased: 20, No change: 20, Decreased: 11, I'm not sure: 30.

Many patients indicated they were unsure of the impact BPd would have on all factors, and personal opinion about the impact of side effects on quality of life led to a range of responses.

To the question "*Based on what you know today, would you consider BPd (belantamab mafodotin combined with pomalidomide and dexamethasone) as a potential next treatment for yourself or the person you care for? (Presuming you are eligible, and your doctor agrees)*." 60% (49) of Subset E respondents (82) indicated 'Yes', while 29% (24) said they were unsure, 2 chose 'No' and 7 additional patients indicated they would need more information to decide.

When given the opportunity to share any further thoughts about potential treatment with belantamab mafodotin in combination with pomalidomide and dexamethasone, 18 Subset E respondents left comments, of which some noted the importance of their hematologist/oncologist's opinion about belantamab mafodotin, and side effects being manageable.

- *"Fortunately, I do not have to make decisions on the drugs I am taking. I have a Doctor Whom I trust with totally, so what I take is entirely dependent on my discussions with her."*
- *"Currently my spouse is receiving pomalidomide with cyclophosphamide treatment. This has led to bladder cancer. We need an alternative to cyclophosphamide and belantamab would be a good option"*

- *"Anxiously awaiting Blenrep. Quality of life is potentially superior to most other treatments for relapsed MM. The most recent study had patients successfully receiving Blenrep several months between appointments. Compare that to the poor quality of life of Kyprolis 3 weeks out of 4."*
- *"as a person without a caregiver, the potential for vision issues would be unacceptable to me"*

6. Experience With Drug Under Review

As noted previously, there were 7 individuals with BPd (belantamab mafodotin-pomalidomide-dexamethasone) experience who responded to the survey, 4 patients and 3 caregivers, and they are referred to as Subset T. When asked "*When did you or the person you care for start treatment with belantamab mafodotin?*", 3 Subset T respondents (7) chose 'Over 2 or more years ago', 2 chose 'Between 6-12 months ago', and 2 chose 'Over a year ago'. 5 Subset T respondents (7) are still currently receiving treatment with BPd, 2 respondents have relapsed and are no longer receiving treatment with BPd.

Subset T (7) was asked, "*Which of the most frequent belantamab mafodotin side effects listed below have you/the person you care for experienced? Please select all that apply and rate the side effects severity on a scale of 1 Not at all bearable to 5 Extremely bearable'.".* By weighted average of responses, blurry vision (3.00), dry eyes (3.29) and eye irritation (3.29), were considered the least bearable side effects, followed by infections (3.57). Similarly, the weighted average response to all listed side effects was '3 – Somewhat bearable' or higher.

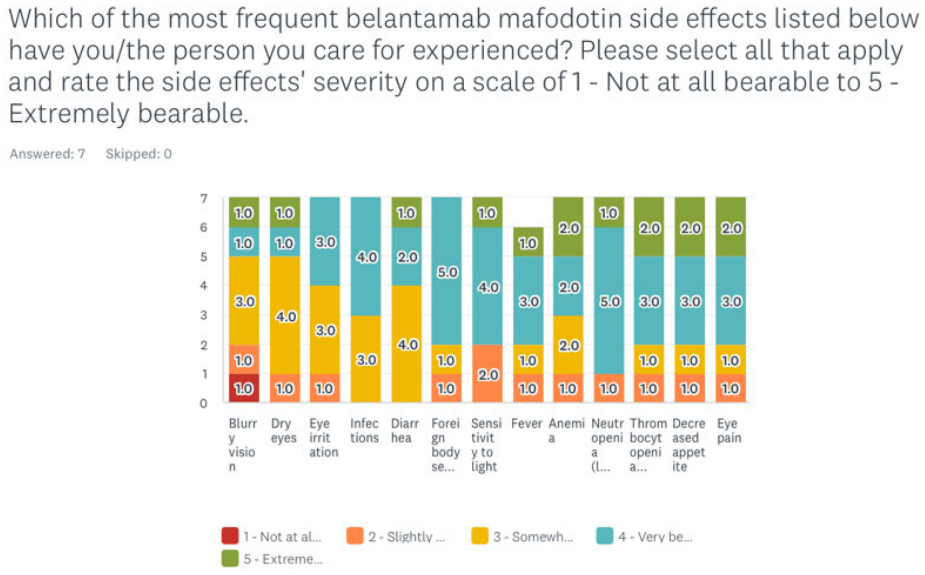


Figure 9 — Experience of belantamab mafodotin side effects (Subset T; 7)

When asked "*How effective was the supportive care you received in managing your side effects from belantamab mafodotin treatment? Please rate on a scale of 1–5 where 1 is Not at all effective and 5 is Extremely effective",* 5 Subset T respondents (7) chose '4 – Very effective', 1 chose '3 – Somewhat effective' and 1 chose '2 – Slightly effective'.

Subset T respondents (7) were asked "*Compared to past treatments you/the person you care for received, do you think belantamab mafodotin treatment had any of the following advantages and/or disadvantages?",* and were provided the following list of factors and asked to indicate if they felt there had been an increase or decrease in that area;

- Treatment side effects (Increased: 2, No change: 4, Decreased: 1, Too soon to tell: 0)
- Control of myeloma and its symptoms (Increased: 5, No change: 1, Decreased: 0, Too soon to tell: 1);
- Frequency of trips to the hospital or cancer centre for treatment (Increased: 1, No change: 4, Decreased: 2, Too soon to tell: 0);
- Tolerability of the treatment's mode of administration (Increased: 2, No change: 5, Decreased: 0, Too soon to tell: 0); and
- Quality of life (Increased: 4, No change: 2, Decreased: 1, Too soon to tell: 0).

Following the instructions "*Please answer each of the following questions on your overall experience with belantamab mafodotin, by rating them on a scale of 1- Not at all to 5 - Completely",* Subset T patients (7) responded to the questions:

- "*Did belantamab mafodotin treatment improve overall quality of life for you or the person you care for?*" (Completely: 0; Mostly: 3, Somewhat: 1; Slightly: 2; Not at all: 1).
- "*Were the overall side-effects of belantamab mafodotin manageable?* (Mostly: 3, Somewhat: 3; Slightly: 1).
- "*Was belantamab mafodotin effective in controlling myeloma for you/the person you care for?"* (Completely: 4, Mostly: 1, Somewhat: 1; Slightly: 1).
- "*Did belantamab mafodotin meet your expectations in treating myeloma?*" (Completely: 1, Mostly: 3, Somewhat: 2; Slightly: 1).

Subset T (7) was asked to indicate how they were or are accessing BPd, 5 respondents indicated 'through a clinical trial (ongoing)', and 2 selected 'through a clinical trial (complete)'.

Finally, when asked if there was anything else they would like to share about their experience with BPd, 4 Subset T patients provided the following comments:

- "*The weekly 40 mgs of dexamethasone is probably the most negative aspect of the trial*";
- *"Side affects from the supporting drugs like the anti-biotic that you take for the first month."*
- "*how to manage the blurry vision and constipation is very important*"
- "*This drug should be approved for treatment of Myeloma in Canada. The eye toxicity side effects are cyclical and do affect day to day activities but the drug works for controlling myeloma and should be administered.*"

7. Anything Else?

1. In a focus group conducted by Myeloma Canada in 2022, two patients had experience with BPd treatment, and described the importance of having additional treatment options available to them. As well, all participants in this focus group described finding it is less difficult to set decision criteria in the abstract, but often, when faced with a treatment decision, this is in the context of their previous treatment failing and/or a decline in their health. Participants said that this situation is frequently met by doctors inquiring, 'what measures are you willing to take to stay alive'; and despite their preference for an improved quality of life, many acknowledged that in the moment, they would likely be more willing to start a new treatment despite its potential impact on quality of life, especially if there is only one treatment option accessible to them, or they perceive the risks to be less significant those that of another treatment. It is extremely important to allow patients and their care team to weigh risks/side effects for themselves whenever possible. If they perceive the potential consequences of cardiac toxicities, or infections like COVID-19 acquired while in hospital to be greater than potential ocular toxicities, they should be able to make that decision.

2. When Subset T respondents (7) were asked "*How difficult was it to find an optometrist or eye-specialist to monitor eye health and vision changes while you or the person you care for were/are receiving treatment with belantamab mafodotin?"*, 8 answered 'Not at all difficult' and 1 answered 'Somewhat difficult'. This may be influenced by the fact that all respondents were receiving belantamab mafodotin through a clinical trial. In the aforementioned focus group conducted by Myeloma Canada in 2022, one participant reported considerable difficulty finding an optometrist who was comfortable taking on the monitoring of their eyes while receiving BPd.

3. The eye and vision related side effects are of concern to patients, but the comments represented a wide range of views. This underscores the importance of patient preference in weighing the potential costs and benefits of a new treatment, which can only occur when patients have access to different treatment options. As expressed by survey respondents, for those with specific comorbidities impacting their sight, or those for whom vision plays a key role in activities of personal/professional importance, belantamab mafodotin containing regimens may not be an optimal choice. For rural patients though, this calculation may look very different as a higher value may be placed on factors like dose flexibility, or fewer hospital visits/less time spent in hospital. As well, the increasing number of patients receiving 3 or 4 drug combinations *including an anti-CD38 antibody* at the first line of therapy are triple-class exposed and potentially triple-class refractory after their first or second line of treatment, leaving them with fewer treatment effective options when they relapse, and in need of new *classes of therapy* with *different genetic targets and risk profiles* available before the fourth line of therapy.

4. Patients should be proactively informed about vision problems. One patient in the survey commented *"just found out velcade caused vision problems"*, and Myeloma Canada received similar comments in a focus group we conducted in 2021.

5. Open-ended responses to an eligibility question regarding previous experience with lenalidomide demonstrated that many patients (30/282) are unable to tolerate the drug for a number of reasons. In effect, this leaves them similarly limited where subsequent treatment options are concerned, as those refractory to lenalidomide, and it is important that the language of the indication accounts for this population. (I.e. …received or cannot tolerate lenalidomide),

Appendix: Patient Group Conflict of Interest Declaration

1. Did you receive help from outside your patient group to complete this submission? If yes, please detail the help and who provided it.

   No

2. Did you receive help from outside your patient group to collect or analyze data used in this submission? If yes, please detail the help and who provided it.

   The Leukemia and Lymphoma Society of Canada assisted with data collection by sharing the link to our survey.

   No help was received from outside Myeloma Canada for data analysis.

3. List any companies or organizations that have provided your group with financial payment over the past 2 years AND who may have direct or indirect interest in the drug under review.

Table 1: Financial Disclosures

Company	$0 to 5,000	$5,001 to 10,000	$10,001 to 50,000	In Excess of $50,000
Abbvie	☐	☒	☒	☒
AstraZeneca	☐	☐	☒	☐
Apotex	☐	☐	☐	☒
Amgen	☐	☐	☐	☒
The Binding Site	☐	☐	☐	☐
BMS	☐	☐	☐	☒
FORUS Therapeutics	☐	☐	☐	☒

GSK	☐	☐	☐	☒
IMC	☐	☒	☐	☒
JAMP	☐	☐	☒	☐
Janssen	☐	☐	☐	☒
Merck	☐	☐	☒	☐
Pfizer	☐	☐	☐	☒
Rapid Novor	☐	☐	☐	☒
Roche	☐	☐	☒	☐
Sanofi	☐	☐	☐	☒
Sebia Diagnostics	☐	☐	☒	☐
Takeda	☐	☐	☒	☐

I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this patient group with a company, organization, or entity that may place this patient group in a real, potential, or perceived conflict of interest situation.

Name: Aidan Robertson
Position: Advisor, Health Policy and Advocacy
Patient Group: Myeloma Canada
Date: 11-06-2024

Clinician Group Input

CADTH Project Number: PC0380-000

Generic Drug Name (Brand Name): belantamab mafodotin, pomalidomide, dexamethasone

Indication: Belantamab mafodotin is indicated for the treatment of multiple myeloma in combination with pomalidomide and dexamethasone (Bpd) in adult patients who have received at least one prior therapy including lenalidomide.

Name of Clinician Group: OH (CCO) Hematology Cancer Drug Advisory Committee

Author of Submission: Dr. Tom Kouroukis

1. About Your Clinician Group

OH(CCO)'s Drug Advisory Committees provide timely evidence-based clinical and health system guidance on drug-related issues in support of CCO's mandate, including the Provincial Drug Reimbursement Programs (PDRP) and the Systemic Treatment Program.

2. Information Gathering

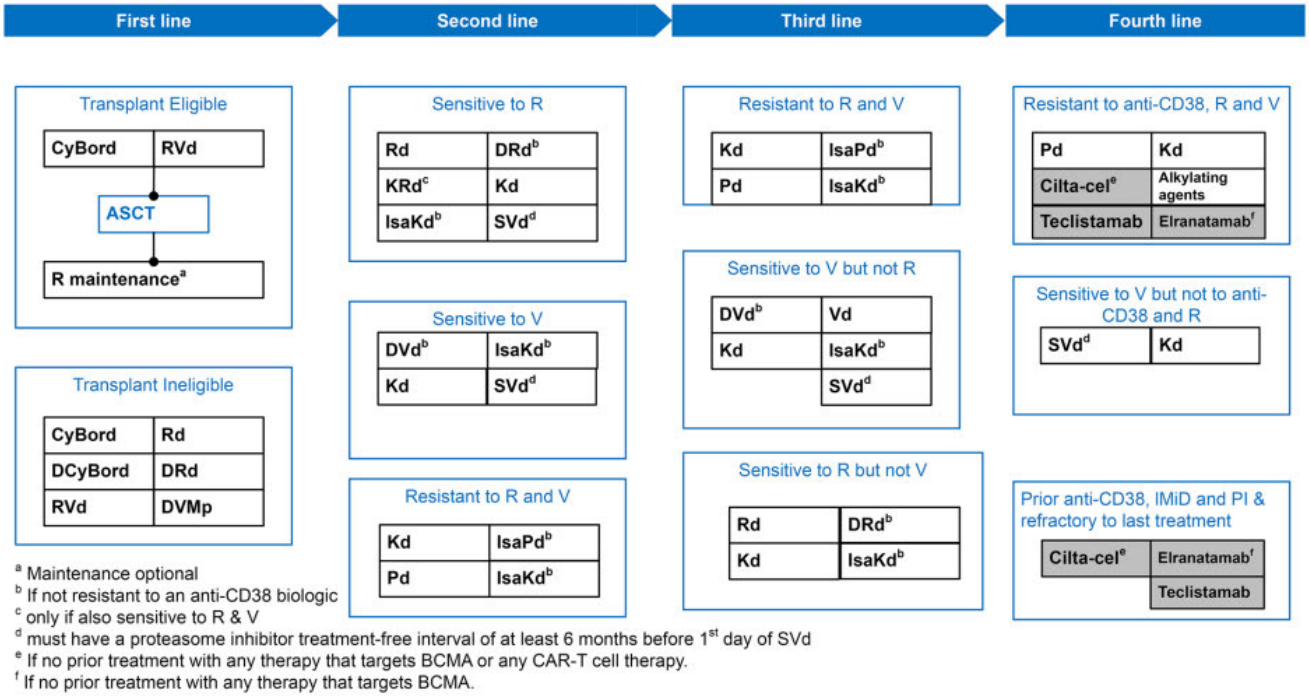
Information was gathered via video-conferencing.

3. Current Treatments and Treatment Goals

The current treatments include IsaPd, Pd, IsaKd and Kd (re: Figure 1 – current Provisional Funding Algorithm for Multiple Myeloma (CDA-AMC August 2024)

The treatment goals include disease control, improvement in symptoms, prolonged survival, prevention of end-organ damage.

Figure 1: Provisional Funding Algorithm Diagram for Multiple Myeloma



[a] Maintenance optional
[b] If not resistant to an anti-CD38 biologic
[c] only if also sensitive to R & V
[d] must have a proteasome inhibitor treatment-free interval of at least 6 months before 1st day of SVd
[e] If no prior treatment with any therapy that targets BCMA or any CAR-T cell therapy.
[f] If no prior treatment with any therapy that targets BCMA.

4. Treatment Gaps (unmet needs)

4.1. Considering the treatment goals in Section 3, please describe goals (needs) that are not being met by currently available treatments.

Not all treatments work effectively in relapsed myeloma. Second line BCMA targeted therapy can be an attractive option for some patients.

5. Place in Therapy

5.1. How would the drug under review fit into the current treatment paradigm?

This is another option in Figure 1, second line, “Resistant to R and V.” Using this regimen may preclude future use of BCMA targeted CAR-T therapy.

5.2. Which patients would be best suited for treatment with the drug under review? Which patients would be least suitable for treatment with the drug under review?

For patients that are unlikely to get CAR-T cell therapy, this can be a good BCMA targeted therapy.

There is potential eye toxicity with this drug which may be a concern for some patients.

5.3 What outcomes are used to determine whether a patient is responding to treatment in clinical practice? How often should treatment response be assessed?

Standard myeloma response outcomes used in clinical practice.

5.4 What factors should be considered when deciding to discontinue treatment with the drug under review?

Significant toxicity (particularly ocular) or disease progression.

5.5 What settings are appropriate for treatment with [drug under review]? Is a specialist required to diagnose, treat, and monitor patients who might receive [drug under review]?

Outpatient setting. There is a need for ophthalmological assessment as well.

6. Additional Information

NA

7. Conflict of Interest Declarations

To maintain the objectivity and credibility of the CADTH drug review programs, all participants in the drug review processes must disclose any real, potential, or perceived conflicts of interest. This conflict of interest declaration is required for participation. Declarations made do not negate or preclude the use of the clinician group input. CADTH may contact your group with further questions, as needed. Please see the *Procedures for CADTH Drug Reimbursement Reviews* (section 6.3) for further details.

1. Did you receive help from outside your clinician group to complete this submission? If yes, please detail the help and who provided it.

   OH-CCO provided secretariat support to the group in completing this submission.

2. Did you receive help from outside your clinician group to collect or analyze any information used in this submission? If yes, please detail the help and who provided it.

   No.

3. List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review. **Please note that this is required for each clinician who contributed to the input — please add more tables as needed (copy and paste). It is preferred for all declarations to be included in a single document.**

Declaration for Clinician 1

Name: Dr. Tom Kouroukis

Position: OH (CCO) Hematology Cancer Drug Advisory Committee Lead

Date: 10-10-2024

☒ **I hereby certify** that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Table 1: Conflict of Interest Declaration for Clinician 1

Company	Check appropriate dollar range*			
	$0 to $5,000	$5,001 to $10,000	$10,001 to $50,000	In excess of $50,000
Add company name				
Add company name				
Add or remove rows as required				

* Place an X in the appropriate dollar range cells for each company.

Declaration for Clinician 2

Name: Dr. Selay Lam

Position: OH (CCO) Hematology Cancer Drug Advisory Committee member

Date: 10-10-2024

☒ I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Table 2: Conflict of Interest Declaration for Clinician 2

Company	Check appropriate dollar range*			
	$0 to $5,000	$5,001 to $10,000	$10,001 to $50,000	In excess of $50,000
Add company name				
Add company name				
Add or remove rows as required				

* Place an X in the appropriate dollar range cells for each company.

Declaration for Clinician 3

Name: Dr. Jordan Herst

Position: OH (CCO) Hematology Cancer Drug Advisory Committee member

Date: 10-10-2024

☒ I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Table 3: Conflict of Interest Declaration for Clinician 3

Company	Check appropriate dollar range*			
	$0 to $5,000	$5,001 to $10,000	$10,001 to $50,000	In excess of $50,000
Add company name				
Add company name				
Add or remove rows as required				

* Place an X in the appropriate dollar range cells for each company.

Declaration for Clinician 4

Name: Dr. Joanna Graczyk

Position: OH (CCO) Hematology Cancer Drug Advisory Committee member

Date: 10-10-2024

☒ I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Table 4: Conflict of Interest Declaration for Clinician 4

Company	Check appropriate dollar range*

	$0 to $5,000	$5,001 to $10,000	$10,001 to $50,000	In excess of $50,000
Add company name				
Add company name				
Add or remove rows as required				

* Place an X in the appropriate dollar range cells for each company.

Declaration for Clinician 5

Name: Dr. Lee Mozessohn

Position: OH (CCO) Hematology Cancer Drug Advisory Committee member

Date: 10-10-2024

☒ I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Table 5: Conflict of Interest Declaration for Clinician 5

Company	Check appropriate dollar range*			
	$0 to $5,000	$5,001 to $10,000	$10,001 to $50,000	In excess of $50,000
Add company name				
Add company name				
Add or remove rows as required				

* Place an X in the appropriate dollar range cells for each company.

Declaration for Clinician 6

Name: Dr. Christopher Cipkar

Position: OH (CCO) Hematology Cancer Drug Advisory Committee member

Date: 10-10-2024

☒ I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Table 5: Conflict of Interest Declaration for Clinician 6

	Check appropriate dollar range*			
Company	**$0 to $5,000**	**$5,001 to $10,000**	**$10,001 to $50,000**	**In excess of $50,000**
Add company name				
Add company name				
Add or remove rows as required				

* Place an X in the appropriate dollar range cells for each company.

Declaration for Clinician 7

Name: Rami El-Sharkaway

Position: OH (CCO) Hematology Cancer Drug Advisory Committee member

Date: 10-10-2024

☒ I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Table 5: Conflict of Interest Declaration for Clinician 7

	Check appropriate dollar range*			
Company	**$0 to $5,000**	**$5,001 to $10,000**	**$10,001 to $50,000**	**In excess of $50,000**
Add company name				

Add company name				
Add or remove rows as required				

* Place an X in the appropriate dollar range cells for each company.