Canada's Drug Agency
L'Agence des médicaments du Canada

CDA-AMC REIMBURSEMENT REVIEW

Patient and Clinician Group Input

daratumumab (Darzalex SC)

(Janssen Inc.)

Indication: Darzalex SC (daratumumab injection) is indicated in combination with bortezomib, lenalidomide, and dexamethasone, followed by maintenance treatment in combination with lenalidomide, for the treatment of patients with newly diagnosed multiple myeloma who are eligible for autologous stem cell transplant.

October 15, 2024

This document compiles the input submitted by patient groups and clinician groups for the file under review. The information is used by CDA-AMC 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: daratumumab (Darzalex) – in combination with bortezomib, lenalidomide, and dexamethasone.

Indication: Adult patients with newly diagnosed multiple myeloma, eligible for autologous stem cell transplant.

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

2. Information Gathering

Myeloma Canada is sharing the input received from a patient and caregiver survey regarding daratumumab in combination with bortezomib, lenalidomide, and dexamethasone (DVRd) for the treatment of newly diagnosed multiple myeloma patients receiving an autologous stem cell transplant . Our patient and caregiver survey was available from September 26 – October 10, 2024, and was shared via email and social media by Myeloma Canada, and the Leukemia and Lymphoma Society of Canada. Of 84 total responses to the survey, 18 incomplete responses wherein a respondent did not finish answering survey questions, and 27 ineligible responses were removed from the dataset, leaving 39 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) were eligible for autologous stem

cell transplant at the time of diagnosis, and received an ASCT or are waiting to receive one as their first the first line of therapy.

All respondents were initially asked similar questions regarding disease experience. Upon verifying their eligibility for, or experience with, the treatment under review, respondents were divided into three subsets, and correspondingly posed different questions. The subsets and their demographic characteristics are as follows:

1. **Subset E**: Patients who would currently be eligible for treatment with DVRd and their caregivers (newly diagnosed, have not yet received treatment)
    i. Respondents **(6)** were from Ontario (3), Quebec (2), Alberta (1).
    ii. 5 respondents were patients, and 1 was a caregiver.
    iii. 4 respondents identified themselves as female, 2 as male.
    iv. 3 respondents were located in an urban area, and 3 in a rural area.
    v. 5 respondents were between '60–69' years of age, and 1 between '50–59'years of age.

2. **Subset C:** Patients who received first-line treatment with an autologous stem cell transplant and their caregivers.
    i. Respondents **(11)** were from Ontario (4), Quebec (4), Alberta (1), Manitoba (1), Prince Edward Island (1).
    ii. 10 respondents were patients, and 1 was a caregiver.
    iii. 8 respondents identified themselves as female, 3 as male.
    iv. 8 respondents were located in an urban area, 2 in a rural area, and 1 in a remote area.
    v. 6 respondents were between '60–69' years of age, 3 between '50–59',1 between '40—49', and 1 respondent was between '70—79' years of age.

3. **Subset T:** Patients who have experience with DVRd daratumumab + bortezomib + lenalidomide + dexamethasone and their caregivers
    i. Respondents **(22)** were from Ontario (9), Quebec (4), Alberta (3) British Columbia (2), Nova Scotia (1), New Brunswick (1), and 2 from outside of Canada (France, Ivory Coast).
    ii. 19 respondents were patients, and 3 were caregivers.
    iii. 11 respondents identified themselves as female, 11 as male.
    iv. 15 respondents were located in an urban area, and 7 in a rural area.
    v. 5 respondents were between '70–79' years of age, 5 was between '60–69', 5 between '50–59', 3 were between '40—49', 3 were between '30—39' and 1 respondent was between '80—89' years of age.

3. Disease Experience

All patients and caregivers 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"*, respondents (39) most frequently rated 'Bone issues (fractures, breaks, bone pain)' (24; average rating 4.36) as '5 – extremely

important' to control, followed by 'Kidney problems' (23; average rating 4.47), 'Mobility' (22, 4.36), 'Pain' (22; 4.39), and 'Infections' (20; 4.26).

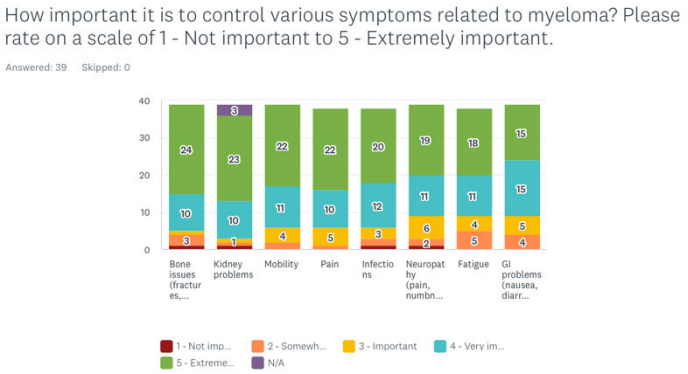


Figure 1 – Importance of controlling myeloma symptoms. (All respondents, 39)

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 (39) most frequently indicated that myeloma had a '5 - Extreme impact' on their 'ability to work' (14; average rating 3.76), 'ability to travel' (10; 3.51) and 'ability to conduct volunteer activities' (9; 3.27).

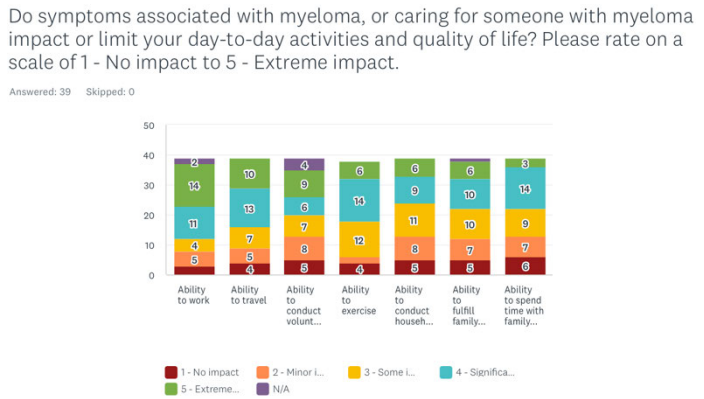


Figure 2 – Impact of myeloma or caring for someone with myeloma on quality of life. (All respondents, 39)

When all respondents (39) 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?",* 41%(16) of respondents indicated 'Less than 30 minutes', 31% (12) of respondents chose '30 mins – 1 hour', 8 chose '1 hour - 2 hours', and 3 respondents chose 'Other'; one commenting '4.5 hours', one 'Zero' and one '2 hours'.

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 (37) most frequently selected, 'once a week' (8), followed by 'once a month (7), 'every two months' (7), 'twice a week' (5), N/A (not undergoing treatment)' (3), 'every two weeks' (2), 'never (treatment administered at

home)' (2) and 'every two months' (2). 1 respondent selected 'I am unsure' and 2 respondents selected 'other', one of whom commented 'twice per month', and the other indicated they receive treatment at home.

When patients and caregivers (37) 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 'lost income/pension funds due to absence from work, disability, or early retirement' (19), 'parking costs' (17), 'drug costs' (14), and travel costs (10) and parking costs (35), were the most common significant financial implications of myeloma treatment. 4 respondents selected 'Other' and provided the following comments:

- *"Mortgage issues / not enough fund as on my own"*
- *« pris en charge à 100% pour maladie grave y compris taxi pour déplacements »*
- *"Thankfully all of my testing, assessments and procedures have been covered by OHIP"*
- *"Im on clinical trials so they cover quite a bit of my costs to travel and lodging"*

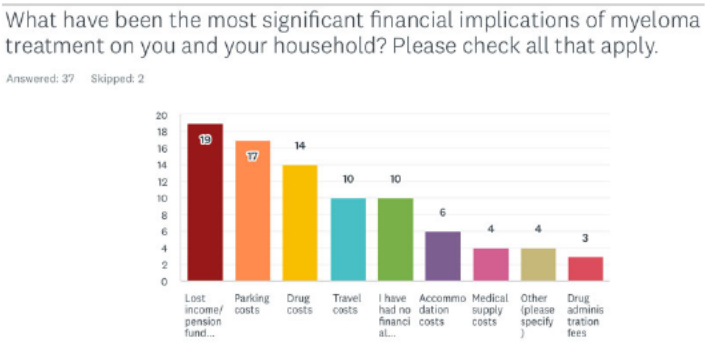


Figure 3 – Financial implications of myeloma treatment (All respondents, 37).

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.".* Respondents (39) most frequently rated 'Interruption of life goals/accomplishments (career, retirement, etc.)' (14; average rating 3.79) had a '5 – extreme impact' on quality of life, followed by 'Anxiety/worry' (8; 3.31), 'Difficulty sleeping' (7; 3.15), and 'Loss of sexual desire' (5; 3.59).

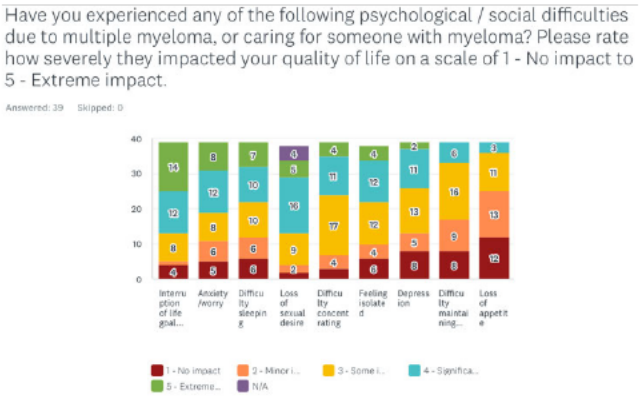


Figure 4 –Psychosocial impacts of myeloma/caring for someone with myeloma. (All respondents, 39)

When all patients (34) were asked "*Do you need the support of a caregiver or family member to help you manage your myeloma or your treatment-related symptoms?"*, 15 answered 'No' they did not need a caregiver, 14 chose 'Yes', 3 chose 'Yes but I am unable to access the help I need' and 2 chose 'No, but I would benefit from a caregiver's help'.

All patients and caregivers were asked to identify the factors they consider to be most important to (any) myeloma treatment. Respondents (31) frequently mentioned A) effectiveness of treatment and achieving a long remission, B) maintaining quality of life (including mental health) and making side effects manageable, C) portability of treatment to achieve fewer/minimal visits to the hospital/cancer centre & minimize impact on day-to-day activities, and D) the cost and accessibility of treatments to be key factors. Responses to this effect are as follows:

- *"Success rate of medication Risk of life threatening side effects Risk of inconvenience side effects Access at home (pills) vs hospital"*
- *"More government funding to get you through the first 2 yrs till you know what is happening as everyone is so individual. You can't heal if your thinking your going to be on the street homeless."*
- *"Chance of a long remission, quality of life in treatment"*
- *"I'm currently under watchful waiting, but my greatest concern is in regards to having access to the most up to date and efficacious Myeloma treatments possible as I enter that phase of my care."*
- *"One that has little or no disruption to one's "normal" prior to treatment. This includes bowl issues and sexual desires."*
- *"Que le traitement ait démontré une efficacité long terme, plusieurs années. Une fois cette case cochée, idéalement, le moins de visite possible à l'hôpital pour recevoir un traitement."*
- *"Length of time required for treatments. Potential side effects"*
- *"D'être bien informé sur tous les aspects du nouveau traitement par l'équipe médiclae*

4. Experiences With Currently Available Treatments (Subset C - Received 1st line ASCT with different drug regimen)

Subset C (11) was asked to indicate what treatment(s) they received as first line therapy in conjunction with an autologous stem cell transplant. 4 respondents indicated 'CyBorD' 3 chose 'VRd', 1 indicated 'ixazomib, lenalidomide, dexamethasone', 1 chose 'lenalidomide', 1 chose 'lenalidomide and dexamethasone', and 1 final respondent chose 'CyBorD', 'VRd' and 'thalidomide'.

Following the instructions "*Please respond to the following questions on your overall experience with the first line treatment you or the person you care for received, by rating them on a scale of 1- Not at all to 5 - Completely",* Subset C patients (11) responded to the questions:

- "*Did the treatment improve overall quality of life for you or the person you care for?*" (Completely: 3, **Mostly: 4,** Somewhat: 1; Slightly: 2, Not at all: 1).

- "*Were the treatment's side-effects manageable?* (Completely: 3, **Mostly: 4**, Somewhat: 2; Slightly: 1, Not at all: 1).
- "*Was the treatment effective in controlling myeloma for you/the person you care for?"* (**Completely: 6**; Mostly: 4, Somewhat: 0; Slightly: 0; Not at all: 1).
- "*Did the treatment meet your expectations in treating myeloma?*" (**Completely: 5**, Mostly: 2, Somewhat: 2; Slightly: 1, Not at all: 1).

5. Improved Outcomes (Subset E (eligible for 1st line DVRd) and Subset C)

Respondents in Subsets E and C were both presented information about the efficacy of DVRd vs VRd from the PERSEUS trial, common side effects, and the dosing schedule at each stage of treatment (induction, consolidation, maintenance). Both Subsets were subsequently asked similar questions, with modifications to account for Subset E's lack of treatment experience. As Subset E respondents have not yet received any treatment, they have no experience to compare with the described features of DVRd.

SUBSET E

Subset E was asked "*How bearable do you expect most common side effects of DVRd (daratumumab-bortezomib-lenalidomide-dexamethasone) would be for you or the person you care for? Please rate on a scale of 1 - Not at all bearable to 5 - Extremely bearable."* Respondents (6) most frequently rated 'infections' as '1 – not at all bearable' or '2 – Slightly bearable' (4; average rating 2.50), followed by 'nausea' (3; 2.67), and 'diarrhea' (2; 3.00).

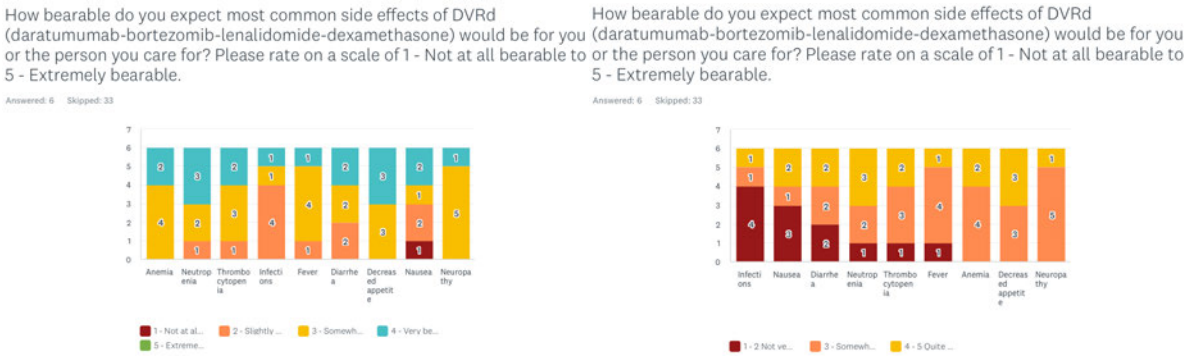


Figure 5.1— Expectations of DVRd side effects (Subset E; 6) & Figure 5.2 — Expectation of DVRd side effects, recoded (Subset E; 6)

When **Subset E** was asked, "*How worrisome is the overall side effect profile for DVRd (daratumumab-bortezomib-lenalidomide-dexamethasone), 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 (11) most frequently chose '3 – Somewhat worrisome' (3) followed by '1 – Not at all worrisome' (2), and '1 – Slightly worrisome' (1).

Subset E was asked "*If you or the person you care for were receiving DVRd (daratumumab-bortezomib-lenalidomide-dexamethasone), how do you think the following factors would impact your quality of life?"* and were provided three factors. Respondents (6) most frequently felt that:

- 'Treatment side effects' would '4 – significantly' (2) and '3— somewhat' (2) impact their quality of life.
- Frequency of trips to the hospital or cancer centre for treatment would '3 – somewhat' (4) impact their quality of life.
- Tolerability of the treatment's mode of administration would '2 – slightly' (2) and '3 – somewhat' (2), impact their quality of life.

To the question "*"Based on what you know today, would you consider DVRd (daratumumab-bortezomib-lenalidomide-dexamethasone) as a potential first line treatment for yourself or the person you care for? (Presuming you are eligible and your doctor agrees)."* 4 **Subset E** respondents (6) indicated 'Yes', 1 said they were unsure, and 1 indicated they would need more information to decide.

When asked "Is there anything else you would like to share about the possibility of you or the person you care for receiving DVRd (daratumumab-bortezomib-lenalidomide-dexamethasone)?", 2 Subset E respondents provided the following comments:

- *"I was not offered daratumumab I hope i will be!"*
- *"Again, every Myeloma patient hopes to be able to receive the most advanced and efficacious treatment possible. Significant advances have be made in recent years. It would be wonderful if Canadian patients could have access to them."*

SUBSET C

Subset C was asked "*How bearable do you expect most common side effects of DVRd (daratumumab-bortezomib-lenalidomide-dexamethasone) would be for you or the person you care for? Please rate on a scale of 1 - Not at all bearable to 5 - Extremely bearable."* Respondents (11) most frequently rated 'infections' as '1 – Not at all bearable' or '2— slightly bearable' (3; average rating 2.73), followed by 'nausea' (2; 2.45), 'fever' (1; 3.00) and 'diarrhea' (1; 2.82).

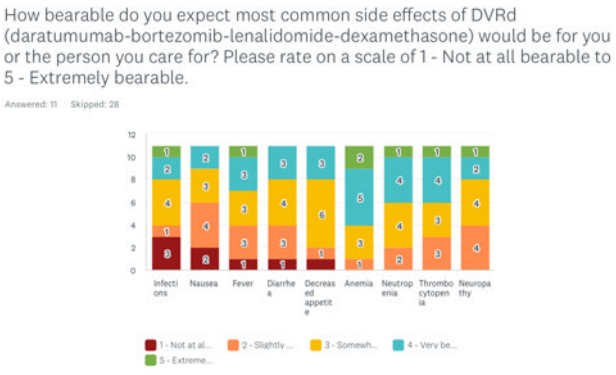


Figure 6 – Perception of DVRd (daratumumab-bortezomib-lenalidomide-dexamethasone) side effects (Subset C; 11)

When **Subset C** was asked, "*How worrisome is the overall side effect profile for DVRd (daratumumab-bortezomib-lenalidomide-dexamethasone), 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 (11) most frequently chose '2 – Slightly worrisome' (5), followed by '3 – Somewhat worrisome' (3), '1 – Not at all worrisome' (2) and '5 – Extremely worrisome' (1).

When asked, "*What do you believe the advantages and/or disadvantages of first line treatment with DVRd (daratumumab-bortezomib-lenalidomide-dexamethasone) would have been be compared to the treatment you or the person you care for received?*". **Subset C** respondents (11) 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 – Increased: 2, No change: 6, Decreased: 1, I'm not sure: 2
- Control of myeloma and its symptoms – Increased: 3, No change: 3, Decreased: 2, I'm not sure: 3),
- Frequency of trips to the hospital or cancer centre for treatment – Increased: 5, No change: 3 , Decreased: 3, I'm not sure: 0).
- Tolerability of the treatment's mode of administration – Increased: 2, No change: 6, Decreased: 1, I'm not sure: 2.
- Quality of life (81) – Increased: 5, No change: 4, Decreased: 2, I'm not sure: 0.

To the question "*Based on what you know today, would you have been interested in receiving DVRd (daratumumab-bortezomib-lenalidomide-dexamethasone) as first line treatment for yourself or the person you care for? (Presuming you were eligible and your doctor agreed)."* 5 **Subset C** respondents (11) indicated 'Yes', 3 said they were unsure, 1 chose 'No' and 2 additional patients indicated they would need more information to decide.

When given the opportunity to share any further thoughts about DVRd (daratumumab-bortezomib-lenalidomide-dexamethasone) in comparison to their first line treatment, 3 **Subset C** respondents left the following comments:

- "*Lenalidomide was ineffective for me as a maintenance drug. M proteins and light chains increased exponentially"*
- *"Lenalidomide wad more tolerable than Revlimid"*
- *« Serait il disponible en 2e ou 3e ligne de traitement ? »*

6. Experience With Drug Under Review – Subset T

As noted previously, there were 22 individuals with DVRd (daratumumab-bortezomib-lenalidomide-dexamethasone) experience who responded to the survey, and they are referred to as Subset T.

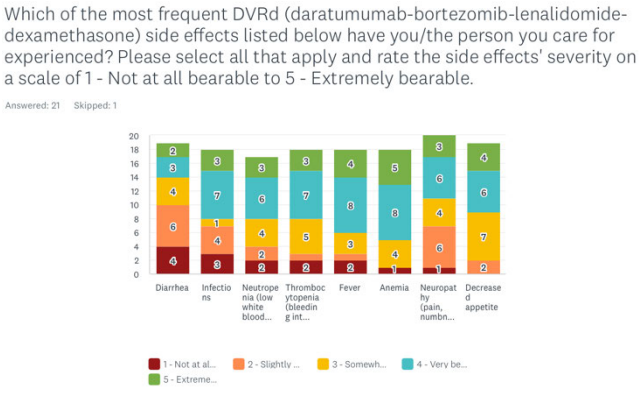
When asked "*When did you or the person you care for start treatment with DVRd (daratumumab-bortezomib-lenalidomide-dexamethasone)?*", 5 Subset T respondents (22) chose 'Between 6-12 months ago', 5 chose '2 years ago', 4 chose '3 years ago', 2 chose 'between 3-6 months ago', 2 chose '6+ years ago', 1 chose '4 years ago', 1 chose '5 years ago', 1 chose 'I don't remember' and 1 indicated they were planning to start DVRd soon.

3 Subset T respondents (22) are at the induction stage, 1 is at the transplant stage, 2 are receiving consolidation therapy, 7 were currently receiving maintenance treatment with DVRd, 1 is about to begin DVRd treatment, while 8 respondents have relapsed and are no longer receiving DVRd.

When the 8 Subset T respondents who indicated they had relapsed since DVRd treatment were asked "*How long were you/the person you care for receiving DVRd (daratumumab-bortezomib-lenalidomide-dexamethasone)?"*, 2 indicated '7-12 months', 2 chose '1 year', 1 chose '1-6 months', 1 chose '3 years', 1 chose 'More than 6 years' and 1 chose 'Other' commenting "*I am still on it. Will be a yr Oct 24".*

Subset T was asked, "*Which of the most frequent DVRd (daratumumab-bortezomib-lenalidomide-dexamethasone) 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'.".* Respondents (21) most frequently rated 'diarrhea' (10; average response 2.63) as '1 – not at all bearable' or '2 – Slightly bearable' followed by 'infections' (7; 3.17), and 'neuropathy' (7; 3.20). 3 respondents provided the following comments:

- "*arrêt du traitementy après 3 essais car ma vision diminuait rapidement et j'ai encore des problèmes de vue maintenant*
- *"I have not experience the first four items on your list"*
- *"Itchy skin from chest up, including armpits"*



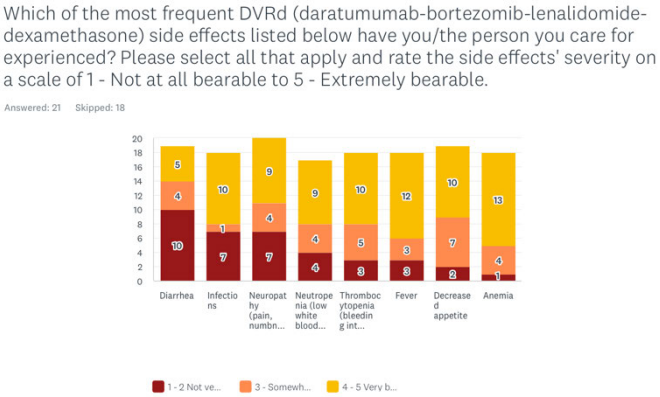


Figure 7.1— Experience of DVRd side effects (Subset T; 21) & Figure 7.2 — Experience of DVRd side effects, recoded (Subset T; 21)

When asked "*How effective was the supportive care you received in managing your side effects from DVRd (daratumumab-bortezomib-lenalidomide-dexamethasone) treatment? Please rate on a scale of 1–5 where 1 is Not at all effective and 5 is Extremely effective",* 7 Subset T respondents (21) chose '4 – Very

effective', 7 chose '3 – Somewhat effective', 4 chose '5 – Extremely effective' and 3 chose '2 – Slightly effective'.

Subset T was asked "*While receiving treatment with DVRd (daratumumab-bortezomib-lenalidomide-dexamethasone), how did the following factors impact your quality of life?"* and were provided three factors. Respondents (21) most frequently felt that:

- 'Treatment side effects' had '4 – significantly' (10) impacted their quality of life.
- Frequency of trips to the hospital or cancer centre for treatment had '3 – somewhat' (12) impacted their quality of life;
- Tolerability of the treatment's mode of administration had '3 – somewhat' (8) impacted their quality of life.

2 respondents provided the following comments:

- "*The biggest side effect has been irritability, depression, anger."*
- *"The injection burns. 7yrs of cancer and I have ptsd with needles blood work and the injection"*

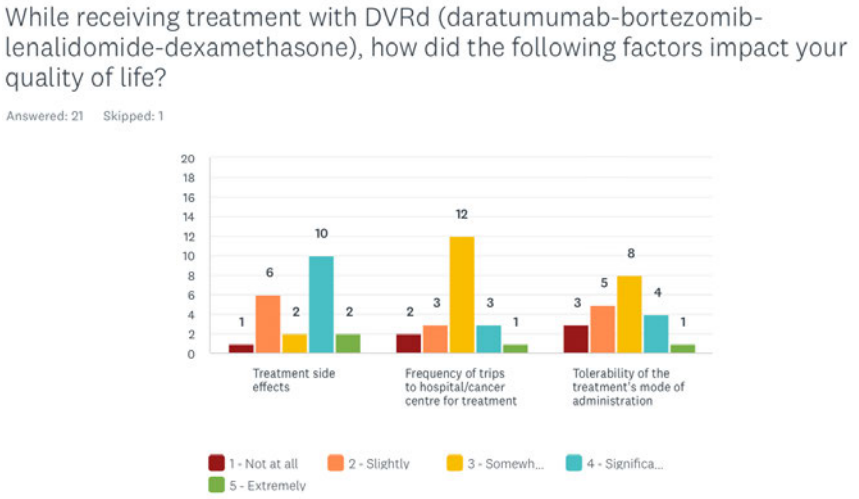


Figure 8— Impact of DVRd on quality of life (Subset T; 21)

Following the instructions "*Please answer each of the following questions on your overall experience with DVRd (daratumumab-bortezomib-lenalidomide-dexamethasone), by rating them on a scale of 1- Not at all to 5 - Completely",* Subset T (21) responded to the questions:

- "*Did DVRd (daratumumab-bortezomib-lenalidomide-dexamethasone) treatment improve overall quality of life for you or the person you care for?*" (**Completely: 7**; Mostly: 6, Somewhat: 3; Slightly: 2; Not at all: 3).
- "*Were the overall side-effects of DVRd (daratumumab-bortezomib-lenalidomide-dexamethasone) manageable?* (Completely: 4, **Mostly: 7**, Somewhat: 6; Slightly: 3, Not at all: 1).
- "*Was DVRd (daratumumab-bortezomib-lenalidomide-dexamethasone) effective in controlling myeloma for you/the person you care for?"* (**Completely: 12**, Mostly: 6, Somewhat: 1; Slightly: 1, Not at all: 1).

- "*Did DVRd (daratumumab-bortezomib-lenalidomide-dexamethasone) meet your expectations in treating myeloma?*" (**Completely: 10**, Mostly: 3, Somewhat: 5; Slightly: 2, Not at all: 1).

7 respondents provided the following comments:

- *"It worked while it worked, when it stopped mu numbers took off like a rocket ship to the moon"*
- *"Side effects at the beginning were rough, but it brought my numbers down. so very worth taking it."*
- *"Currently in the final cycle of treatment and it was significantly reduced the myeloma."*
- *"I had no real expetations ....just accepted what came next"*
- *"arrêt après trois séances, ma vision baissait dangereusement »*
- *"I was in remission after and during the treatments."*
- *"Refractory to DRVD within 3 months of tandem ASCT"*

Subset T (21) was asked to indicate how they were or are accessing DVRd, 5 respondents chose 'through compassionate access', 4 indicated 'through a clinical trial (ongoing)', 4 chose 'I am unsure', 1 selected 'through a clinical trial (complete)', and 7 selected 'Other' providing comments. 1 is 'paying for the treatment out of pocket, 3 through private insurance, 1 through provincial insurance coverage, and 2 responded 'through my doctor'.

Finally, when asked if there was anything else they would like to share about their experience with DVRd, 8 Subset T patients provided comments, those of relevance are as follows:

- *"I am pleased with the treatment. Being close by the place of treatment and the excellent care from my Oncologist and the nurses is certainly a plus in my overall wellbeing.*
- *"My husband is a military member and they have helped us greatly through treatment. Without the financial help they are giving us, it would be very difficult for our family to travel back and forth to Ottawa. They also cover all drug costs."*
- *"Rough time starting treatment, but side effects got better. Debilitating fatigue but results are great for my blood counts.. worth the side effects, but it's keeping me alive.. and that's important.."*
- *"The hardest part was being sick in bed for one week out of the month after receiving the drugs and I mean so sick that there were days when I seriously considered stopping taking the treatment but then I would start to feel better then I would be okay."*
- *"The treatment worked very well for me with minimal side effects and I became MRD negative just prior to my ASCT and remain MRD negative one year post transplant."*
- *"When we were told, there's this great new drug (Dara), with great success rate, and hope it gets approved for you but otherwise it's very expensive, is a difficult prospect for being newly diagnosed. Many, ourselves included, struggle with the decision on self funding in that situation.*

In my husbands case, it did get approved by his private insurance. Understand it's expensive, but if approved in Canada it's difficult prospect on why it can't then be part of treatment plan."

7. Anything Else?

There are a significant number of Canadian patients already receiving DVRd at the first line of therapy, though survey results show that funding is inconsistently available.

The number of respondents to this survey who had experience with the treatment under review (22) was greater than all other surveys conducted by Myeloma Canada in 2023-2024 (teclistamab, elranatamab, talquetamab, cilta-cel, BVd/BPd). This is evidence that the treatment is already relatively widely used in Canada.

Considering at least one patient is self-funding their treatment with DVRd and another commented that they would have considered self-funding if their private insurance had not approved the claim, it appears clear that many clinicians are recommending DVRd as an optimal treatment choice, as, in Myeloma Canada's experience, patients who choose to self-fund treatment at the first-line believe it to be superior to the choices available to them through public drug plans.

Yet, many patients do not have private insurance nor the option of self-funding, as daratumumab remains very expensive. This indicates to us that reimbursement of DVRd is becoming an equity issue, and reimbursement by public drug plans is necessary to ensure that Canadian patients have equal access to this treatment regardless of socioeconomic status.

Patients should be proactively informed about potential vision problems due to DVRd. One patient who received DVRd commented "*arrêt du traitementy après 3 essais car ma vision diminuait rapidement et j'ai encore des problèmes de vue maintenant » (stopped treatment after 3 tries because my vision diminished rapidly, and i still have vision issues now.)*

In a survey conducted by Myeloma Canada from August 26 – October 10, 2024 regarding the two treatment combinations including belantamab mafodotin currently up for review (BPd & BVd), one patient commented they had '*just found out velcade caused my vision problems'*, and in a focus group Myeloma Canada conducted in 2021 regarding XVd (selinexor-bortezomib-dexamethasone), we received a similar comment from a patient who was frustrated they had not been informed in advance that bortezomib could permanently impact their vision. When respondents to the aforementioned survey on belantamab mafodotin were asked how tolerable they expected eye and vision-related side effects would be for them, many indicated these were of significant concern, though there was a wide range of responses based on individuals' existing health concerns, and/or the importance of vision to their personal /professional life. It is critical that patients are made aware of DVRd's possible impact on their eyes and vision, so they are able to weigh their options and choose the treatment that works best for them.

CADTH

CADTH Reimbursement Review

Clinician Group Input

CADTH Project Number: PC0388-000
Generic Drug Name (Brand Name): daratumumab (Darzalex SC)
Indication: In combination with bortezomib, lenalidomide, and dexamethasone, followed by maintenance treatment in combination with lenalidomide, for the treatment of patients with newly diagnosed multiple myeloma who are eligible for autologous stem cell transplant.
Name of Clinician Group: Ontario Health(Cancer Care Ontario) 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

Current treatments include CyBord and RVd for induction, followed by ASCT.

Currently in Ontario, no consolidation is publicly funded.

Maintenance treatment include lenalidomide. In high-risk patients, they may be treated with maintenance proteasome inhibitor but this is not publicly funded.

Goals are to achieve prolong survival, disease remission, improve symptoms, and minimize organ damage.

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.

Some patients do not respond well to existing first line therapies.

This regimen intensifies the induction treatment with the introduction of daratumumab, introduces consolidation therapy and expands on maintenance therapy.

5. Place in Therapy

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

This could be the new standard of care for transplant-eligible MM. Patients who receive this regimen and relapse will become eligible for 2L cilta-cel if funded.

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?

First line myeloma patients who are fit to undergo ASCT.

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 and organ response criteria used in clinical practice

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

Disease progression or relapse, or significant intolerance.

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 treatment.

Consideration for inpatient funding may be needed.

6. Additional Information

Daratumumab may make stem cell collection more difficult and patients may need more plerixafor.

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

	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 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

	Check appropriate dollar range*			
Company	**$0 to $5,000**	**$5,001 to $10,000**	**$10,001 to $50,000**	**In excess of $50,000**
Janssen	X			
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

	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 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

	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 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

	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 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 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.

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.