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

Regorafenib

FMEC Responses to Questions from the Drug Programs

Table 1: Responses Summary

Drug program implementation questions	Clinical expert response	FMEC response
Considerations for initiation of therapy		
The SARC024 phase II trial had patients 18 years and older, but regorafenib has also been used in pediatric population through manufacturer access program. If regorafenib is to be reimbursed, can the recommendation include the pediatric population?	The clinical experts would support the use of regorafenib in a younger population. The initial phase II study was conducted in patients aged 10 and older although published results are for the 18 and older population. Osteosarcoma is common in younger patients who have limited options beyond chemotherapy in the metastatic setting. The clinical experts agreed that the initial trial design was to include patients aged 10 years and older in different cohorts, but the trial did not have <18 year old participants in the osteosarcoma cohort except in the rhabdomyosarcoma cohort (>5 yrs) there were 4/10 paediatric population. Pediatric patients should be included as OS is more common in this population compared to adult population, but the dosage may be different and should be based on mg/m2 (i.e., *82mg/mg2 rounded to nearest 20mg)	Refer to the initiation conditions and the implementation guidance.
Should regorafenib be used for other types of sarcoma?	The clinical experts reported that there is similar evidence of efficacy in Ewing's sarcoma (the second most common bone cancer) and other soft tissue sarcomas like synovial sarcoma and leiomyosarcoma. Some jurisdictions in Canada have access to pazopanib for soft tissue sarcoma after failure of doxorubicin. Pazopanib and regorafenib have similar mechanisms of action. There is no easy access to pazopanib in most jurisdictions across Canada. The clinical experts agree that regorafenib should be considered in other bone sarcoma (such as Ewing sarcoma, chondrosarcoma, chordoma) and non-adipocystic STS (excluding LPS due to persistent neg trial) based on REGOSARC, SARC024, REGOBONE, phase 2 studies of advanced STS (RESOUND) and angiosarcoma, and a phase 1/1b trial of pediatric patients with solid tumors including sarcomas.	This is out of scope for the current review.
Special implementation issues		
Should patients currently on an existing treatment be given the opportunity to switch over to regorafenib?	If patients are clinically benefiting from existing cytotoxic therapy (radiographic response or stable disease) with tolerable side effect, then they would not be switched. The clinical experts suggested switching to regorafenib upon disease progression	FMEC agrees with clinical specialists.

Drug program implementation questions	Clinical expert response	FMEC response
	as a next line of therapy or for intolerance to existing treatments.	
Care provision issues		
Regorafenib – bottle contains desiccant and must be discarded after 7 weeks once opened. There could be additional wastage in the event the patient needs to hold and resume at a lower dose.	NA	FMEC acknowledges this information.
Regorafenib is associated with side effects that will require monitoring from oncologist and nursing.	NA	FMEC acknowledges this information.
System and economic issues		
Oral drugs are funded differently in some provinces.	NA	FMEC acknowledges this information.
Generic chemotherapy has confidential prices.	NA	FMEC acknowledges this information.

NA = not applicable