CADTH

CADTH COMMON DRUG REVIEW

Patient Input

VEDOLIZUMAB (Entyvio)

(Takeda Canada Inc.)

Indication: Ulcerative colitis

CADTH received patient input from:

Gastrointestinal Society

November 08, 2019

CADTH

Patient Input Template for CADTH CDR and pCODR Programs

Name of the Drug and Indication	**Entyvio® (vedolizumab) for ulcerative colitis**
Name of the Patient Group	**Gastrointestinal Society**
Author of the Submission	[redacted]
Name of the Primary Contact for This Submission	[redacted]
Email	[redacted]
Telephone Number	[redacted]

1. About Your Patient Group

If you have not yet registered with CADTH, describe the purpose of your organization. Include a link to your website.

As the Canadian leader in providing trusted, evidence-based information on all areas of the gastrointestinal tract, the GI (Gastrointestinal) Society is committed to improving the lives of people with GI and liver conditions, supporting research, advocating for appropriate patient access to health care, and promoting gastrointestinal and liver health.

Canadian health care professionals request more than 600,000 of our BadGut® Basics patient information pamphlets each year, and tens of thousands of Canadians benefit from our important quarterly publication, the *Inside Tract*® | *Du coeur au ventre*[MD] newsletter.

Our free BadGut® Lectures from coast to coast cover various digestive conditions for patients, caregivers, and other interested individuals. We also have dynamic websites in English (www.badgut.org) and French (www.mauxdeventre.org), which has had more than 4,600,000 *unique visitors* in the past 12 months. Organized on a number of topics, GI Society support group meetings offer a wealth of information for those newly diagnosed with a gastrointestinal disorder, as well as those who have lived with a condition for years.

Our highly trained staff and volunteers offer additional patient resources, including responding to information requests and participating in community initiatives. Staff and advisors work closely with health care professionals, other patient groups, and governments at all levels on behalf of GI patients. The GI Society, along with its sister charity, the Canadian Society of Intestinal Research (founded in 1976), has supported a number of significant clinical, basic, and epidemiological GI research.

2. Information Gathering

*CADTH is interested in hearing from a wide range of patients and caregivers in this patient input submission. Describe how you gathered the perspectives: for example, by interviews, focus groups, or survey; personal experience; or a combination of these. Where possible, include **when** the data were gathered; if data were gathered **in Canada** or elsewhere; demographics of the respondents; and **how many** patients, caregivers, and individuals with experience with the drug in review contributed insights. We will use this background to better understand the context of the perspectives shared.*

This information was obtained primarily through two questionnaires: 1. completed by 133 Canadians (English: 105 and French: 28) with inflammatory bowel disease (IBD), including ulcerative colitis (or their

caregivers or family members). 2. completed by 432 Canadians with IBD, including 180 with ulcerative colitis.

We also had contact with patients affected by IBD through one-to-one conversations at our BadGut® Lectures; a patient roundtable, and recent phone/email/social media interactions with individuals who have Crohn's disease and ulcerative colitis; and stories submitted over time by patients.

3. Disease Experience

CADTH involves clinical experts in every review to explain disease progression and treatment goals. Here we are interested in understanding the illness from a patient's perspective. Describe how the disease impacts patients' and caregivers' day-to-day life and quality of life. Are there any aspects of the illness that are more important to control than others?

Ulcerative colitis is an inflammatory bowel disease (IBD) that can arise at any age, commonly occurring in young people. There is an increased risk for those who have a family member with the condition. Currently, Canada has among the highest prevalence and incidence yet reported in the world, with approximately 120,000 diagnosed individuals. Patients are at a slightly increased risk for colorectal cancer after having ulcerative colitis for about 10-15 years.

The most frequent symptom is diarrhea, often accompanied by cramping abdominal pain. Rectal bleeding, in varying amounts, is common. Low red blood cell count (anemia) can result if diarrhea and blood loss are severe.

Some patients have extra-intestinal manifestations, including fever, inflammation of the eyes or joints (arthritis), ulcers of the mouth or skin, tender and inflamed nodules on the shins, and numerous other conditions. Anxiety and stress are major factors.

Ulcerative colitis often has a profound effect on an individual's life – physically, emotionally, and socially, both at home and at school or in the workplace. It is particularly difficult for children and young adults since it often affects a person's sense of self.

More than anything, patients have told us that sustained remission/treatment response is more important than relieving any one symptom of ulcerative colitis. As a chronic disease, it is never just one flare that dominates the impact of the disease, but the constant concern that there will be future flares, possibly worse than the last, and at unpredictable times, which can disastrously disrupt patients' lives.

In our survey, IBD patients shared similar reports regarding the impact that their disease has on all aspects of their day-to-day lives:

- "I am constantly aware of where a bathroom is and always prepared for the urge to go. My activities are limited for the fear of not being able to find a washroom."
- "My most important concern is the overall fatigue I feel. I am also always very worried when I see blood in the stool. Having to watch my diet is something I never had to do before - seems like I cannot eat much anymore."
- "It makes it difficult to leave my house, play with my son, work, etc. when I am in a flare. When I'm not in an active flare I live in constant fear of when the next flare will occur"
- "It limits my social life; I stay in the house more than I did before. Very tired and weak. Lost 30 lbs, not as strong. Affects overall quality of life. Fatigue limits what I can do in a day."
- "My energy levels have decreased and I get fatigued much more easily, the fear of pain, bleeding, incontinence is horrible. The worst part is fearing the next big flare that will prevent me from being a mom to my 18 month old."

It's one thing to read a list of common symptoms or data on how IBD affects patients, but it is the individual stories of these patients, as summarized above, which astound us and motivate us to support patients' need for more diversity in effective treatments. In addition, treatments should improve quality of life, not cause more symptoms, pain, frustration, or hardship.

4. Experiences With Currently Available Treatments

CADTH examines the clinical benefit and cost-effectiveness of new drugs compared with currently available treatments. We can use this information to evaluate how well the drug under review might address gaps if current therapies fall short for patients and caregivers.

Describe how well patients and caregivers are managing their illnesses with currently available treatments (please specify treatments). Consider benefits seen, and side effects experienced and their management. Also consider any difficulties accessing treatment (cost, travel to clinic, time off work) and receiving treatment (swallowing pills, infusion lines).

The treatment of ulcerative colitis is multi-faceted; it includes managing the symptoms and consequences of the disease along with therapies targeted to reduce the underlying inflammation. Typically, a patient starts on one type of treatment and, if there is inadequate response, then switches to another type.

5-ASA helps to settle acute inflammation and, for some patients, keeps the inflammation inactive when taken on a long-term basis (maintenance). To reduce inflammation in moderate to severe cases of ulcerative colitis, corticosteroids can help. For topical relief in the colon, corticosteroids are available in rectal formulations. These are inconvenient therapies that make it difficult for patients to keep a normal routine. Also, if a patient has significant diarrhea, then the rectal medications may be difficult to hold in place for sufficient time to be effective. Immunosuppressive agents reduce dependence on steroids and help patients who have steroid-resistant disease, but it could take up to six months or more of therapy to see results.

Biologics treat ulcerative colitis when older medications fail to relieve symptoms. However, there are a variety of mechanisms through which they work.

While there are many options available, patients still have a lot of difficulty obtaining remission or adequate symptom relief. In one of our surveys, we asked patients if the currently available medications are adequate to control their disease. Only 28% of those with ulcerative colitis thought that the available medications are adequate. Conversely, 54% found them to be only somewhat adequate and 18% not adequate. Patients are still suffering, and they need new and effective options to achieve mucosal healing and reduce the debilitating symptoms of ulcerative colitis.

5. Improved Outcomes

CADTH is interested in patients' views on what outcomes we should consider when evaluating new therapies. What improvements would patients and caregivers like to see in a new treatment that is not achieved in currently available treatments? How might daily life and quality of life for patients, caregivers, and families be different if the new treatment provided those desired improvements? What trade-offs do patients, families, and caregivers consider when choosing therapy?

Patients affected by ulcerative colitis need access to medications that work. Inadequate access to medication results in preventable patient suffering (e.g., continual, debilitating disease symptoms; secondary illnesses such as depression and anxiety disorders; and loss of family/social interactions). It also leads to unnecessary usage of healthcare resources (e.g., hospital stays, surgeries, diagnostic procedures, other medications) and a ripple effect of financial burden on the government and taxpayers (e.g., through inability to work, long-term disability claims, biologic-related debt, and even bankruptcy).

We know that biologics are effective at treating ulcerative colitis; these medications have revolutionized treatment for inflammatory conditions. In our survey, 63% of respondents reported symptom reduction on a biologic and 23% reported confirmed remission. Many of these individuals had been suffering for years trying to find a treatment that works.

When the ulcerative colitis patient receives the right medication at the right time and for the right duration – as determined between physician and patient – these individuals can live full, rewarding lives as productive, valuable citizens who participate in the workforce and community. However, since patients respond differently to various medications, and in some cases stop responding to medications after using them for some time, it is important to have a variety of options available.

6. Experience With Drug Under Review

CADTH will carefully review the relevant scientific literature and clinical studies. We would like to hear from patients about their individual experiences with the new drug. This can help reviewers better understand how the drug under review meets the needs and preferences of patients, caregivers, and families.

How did patients have access to the drug under review (for example, clinical trials, private insurance)? Compared to any previous therapies patients have used, what were the benefits experienced? What were the disadvantages? How did the benefits and disadvantages impact the lives of patients, caregivers, and families? Consider side effects and if they were tolerated or how they were managed. Was the drug easier to use than previous therapies? If so, how? Are there subgroups of patients within this disease state for whom this drug is particularly helpful? In what ways?

Patients have seen remarkable – sometimes miracle-like – results from biologics when other treatments failed. But not everyone responds to currently available treatments, including biologics. Even if they do, risk remains that one day the treatment will no longer work for them. More options are essential. Biologics come with a number of potential side effects and risk factors, and physicians only prescribe them when they believe these powerful medications are a patient's best hope of controlling ulcerative colitis.

Entyvio® has already been approved for use in patients with Crohn's disease, another type of inflammatory bowel disease, for whom this medication has been very effective.

With moderate to severe ulcerative colitis, Entyvio® has the potential to improve the health and quality of life of many individuals currently suffering from ineffective treatments that put an unnecessary burden on them. When other medications don't work well or specific patients cannot tolerate them, Entyvio® could be an extremely valuable next step in getting a patient's symptoms under control and inducing and sustaining remission.

Each case of ulcerative colitis is unique in that the physician is treating an individual patient, potentially with co-morbidities and influences. What works for one person does not necessarily work for another. Choice among effective treatment options is essential for patients.

7. Companion Diagnostic Test

***If** the drug in review has a companion diagnostic, please comment. Companion diagnostics are laboratory tests that provide information essential for the safe and effective use of particular therapeutic drugs. They work by detecting specific biomarkers that predict more favourable responses to certain drugs. In practice, companion diagnostics can identify patients who are likely to benefit or experience harms from particular therapies, or monitor clinical responses to optimally guide treatment adjustments.*

What are patient and caregiver experiences with the biomarker testing (companion diagnostic) associated with regarding the drug under review?

Consider:

- *Access to testing: for example, proximity to testing facility, availability of appointment.*
- *Testing: for example, how was the test done? Did testing delay the treatment from beginning? Were there any adverse effects associated with testing?*
- *Cost of testing: Who paid for testing? If the cost was out of pocket, what was the impact of having to pay? Were there travel costs involved?*
- *How patients and caregivers feel about testing: for example, understanding why the test happened, coping with anxiety while waiting for the test result, uncertainty about making a decision given the test result.*

8. Anything Else?

Is there anything else specifically related to this drug review that CADTH reviewers or the expert

Appendix: Patient Group Conflict of Interest Declaration

To maintain the objectivity and credibility of the CADTH CDR and pCODR programs, all participants in the drug review processes must disclose any real, potential, or perceived conflicts of interest. This Patient Group Conflict of Interest Declaration is required for participation. Declarations made do not negate or preclude the use of the patient group input. CADTH may contact your group with further questions, as needed.

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.*

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.*

Company	Check Appropriate Dollar Range			
	$0 to 5,000	$5,001 to 10,000	$10,001 to 50,000	In Excess of $50,000
Takeda Inc. 2018			✓	
Takeda Inc. 2017			✓	

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: Gail Attara
Position: Chief Executive Officer
Patient Group: Gastrointestinal Society
Date: 2019-10-25