CADTH

pan-Canadian Oncology Drug Review Stakeholder Feedback on a pCODR Expert Review Committee Initial Recommendation (Sponsor)

Atezolizumab & Bevacizumab for Non-Squamous Non-Small Cell Lung Cancer

July 3, 2020

3 Feedback on pERC Initial Recommendation

Name of the Drug and Indication(s):	TECENTRIQ® (atezolizumab). Funding request: In combination with Avastin and platinum-based chemotherapy for the treatment of metastatic EGFR and/or ALK positive non-squamous non-small cell lung cancer in patients who have progressed on treatment with targeted therapies.
Eligible Stakeholder Role	Sponsor and Manufacturer
Organization Providing Feedback	Hoffmann-La Roche Limited

** CADTH may contact this person if comments require clarification. Contact information will not be included in any public posting of this document by CADTH.*

3.1 Comments on the Initial Recommendation

a) Please indicate if the stakeholder agrees, agrees in part, or disagrees with the initial recommendation:

☐ Agrees ☐ Agrees in part ☒ Disagrees

Please explain why the stakeholder agrees, agrees in part or disagrees with the initial recommendation. If the stakeholder agrees in part or disagrees with the initial recommendation, please provide specific text from the recommendation and rationale. Please also highlight the applicable pERC deliberative quadrants for each point of disagreement. The points are to be numbered in order of significance.

Hoffmann-La Roche Ltd. (Roche) respectfully disagrees with the pERC initial recommendation for TECENTRIQ in combination with AVASTIN and platinum-based chemotherapy in EGFR/ALK positive patients post TKI. Roche strongly believes that there is a significant clinical unmet need for EGFR/ALK+ patients who have exhausted targeted therapy options and has provided promising data that demonstrated a net clinical benefit in this subpopulation. Clinician groups and patient groups recognized this net clinical benefit, and expressed a place in therapy for this patient population as shown in the clinical report generated by pCODR (Overall clinical benefit quadrant).

Roche acknowledges the uncertainty around progression-free survival and overall survival results given the small sample size as well as the imbalances in the baseline patient characteristics. For that reason, Roche requested conditional access hinged on the generation of real-world evidence (RWE), and provided a thorough study protocol in the submission package to demonstrate our commitment. The RWE study protocol was designed in consultation with expert Canadian lung cancer clinicians. The protocol highlighted the main objectives, research design, target population, inclusion and exclusion criteria, study setting, primary and secondary endpoints. Roche discussed the RWE protocol at the pre-submission meeting and did not receive any objections to include in the submission. Our intent was to provide this protocol and have it reviewed by pERC for their consideration during deliberations. Unfortunately, the study protocol was not discussed in the documents that were provided to pERC for deliberation. Therefore, Roche's commitment to generate the evidence was not clearly communicated to pERC. The study protocol is a critical piece of our conditional access request which Roche had expected to be considered by pERC.

Roche believes in the important role RWE can play in both reimbursement and clinical decision making, as the oncology landscape continues to evolve, and there is an increase in personalized medicine targeting smaller sub-populations. Roche is further committed to partnering with CADTH and payers and co-creating RWE strategies to bring innovative treatment options to Canadians. As part of this process, Roche would like to engage CADTH in a two-way dialogue on conditional access through RWE.

Based on the reasons above, Roche respectfully disagrees with this recommendation and requests that the RWE protocol be considered by pERC. Based on the RWE proposal timelines that were shared in the submission, by the time funding commences in 2021 (contingent on conditional access recommendation) and data is generated in 2022, this represents approximately two years of funding prior to sharing new data. Roche believes that this patient population represents a high unmet need, and further warrants the conditional access venue through RWE generation. Conditional access will provide these patients with another option once targeted therapy options have been exhausted, and will provide payers with additional data to make informed decisions. In order to transform the RWE platform in Canada, it would be important to receive CADTH's feedback on innovative RWE proposals and work together on conditional access opportunities to pave the path forward.

b) Please indicate if the stakeholder agrees, agrees in part, or disagrees with the provisional algorithm:

☐ Agrees ☐ Agrees in part ☐ Disagrees

Please explain why the stakeholder *agrees, agrees in part or disagrees with the provisional algorithm. Please note that comments should relate* ***only to the proposed place in therapy of the drug under review*** *in the provisional algorithm. If feedback includes new information or about other therapies that are included in the provisional algorithm, the information will not be considered and will be redacted from the posted feedback. Substantive comments on the provisional algorithm will preclude early conversion of the initial recommendation to a final recommendation.*

c) Please provide editorial feedback on the initial recommendation to aid in clarity. Is the initial recommendation or are the components of the recommendation (e.g., clinical and economic evidence or provisional algorithm) clearly worded? Is the intent clear? Are the reasons clear?

Page Number	Section Title	Paragraph, Line Number	Comments and Suggested Changes to Improve Clarity

3.2 Comments Related to Eligible Stakeholder Provided Information

Notwithstanding the feedback provided in part a) above, please indicate if the stakeholder would support this initial recommendation proceeding to final recommendation ("early conversion"), which would occur two business days after the end of the feedback deadline date.

☐ Support conversion to final recommendation.

☒ Do not support conversion to final recommendation.

Recommendation does not require reconsideration by pERC.	Recommendation should be reconsidered by pERC.

If the eligible stakeholder does not support conversion to a final recommendation, please provide feedback on any issues not adequately addressed in the initial recommendation based on any information provided by the stakeholder during the review.

Please note that new evidence will be not considered at this part of the review process, however, it may be eligible for a resubmission.

Additionally, if the eligible stakeholder supports early conversion to a final recommendation; however, the stakeholder has included substantive comments that requires further interpretation of the evidence, including the provisional algorithm, the criteria for early conversion will be deemed to have not been met and the initial recommendation will be returned to pERC for further deliberation and reconsideration at the next possible pERC meeting.

1 About Stakeholder Feedback

CADTH invites eligible stakeholders to provide feedback and comments on the pERC initial recommendation, including the provisional algorithm.

As part of the CADTH's pCODR review process, pERC makes an initial recommendation based on its review of the clinical benefit, patient values, economic evaluation and adoption feasibility for a drug. The initial recommendation is then posted for feedback from eligible stakeholders. All eligible stakeholders have 10 business days within which to provide their feedback on the initial recommendation. It should be noted that the initial recommendation, including the provisional algorithm, may or may not change following a review of the feedback from stakeholders.

CADTH welcomes comments and feedback from all eligible stakeholders with the expectation that even the most critical feedback be delivered respectfully and with civility.

A. Application of Early Conversion

The stakeholder feedback document poses two key questions:

1. **Does the stakeholder agree, agree in part, or disagree with the initial recommendation?**

   All eligible stakeholders are requested to indicate whether they agree, agree in part, or disagree with the initial recommendation, and to provide a rationale for their response. Please note that if a stakeholder agrees, agrees in part or disagrees with the initial recommendation, they can still support the recommendation proceeding to a final recommendation (i.e. early conversion).

2. **Does the stakeholder support the recommendation proceeding to a final recommendation ("early conversion")?**

   An efficient review process is one of the key guiding principles for CADTH's pCODR process. If all eligible stakeholders support the initial recommendation proceeding to a final recommendation and that the criteria for early conversion as set out in the *Procedures for the CADTH Pan-Canadian Oncology Drug Review* are met, the final recommendation will be posted on the CADTH website two business days after the end of the feedback deadline date. This is called an "early conversion" of an initial recommendation to a final recommendation.

   For stakeholders who support early conversion, please note that if there are substantive comments on any of the key quadrants of the deliberative framework (e.g., differences in the interpretation of the evidence), including the provisional algorithm as part of the feasibility of adoption into the health system, the criteria for early conversion will be deemed to have **not** been met and the initial recommendation will be returned to pERC for further deliberation and reconsideration at the next possible pERC meeting. If the substantive comments relate specifically to the provisional algorithm, it will be shared with CADTH's Provincial Advisory Group (PAG) for a reconsideration. Please note that if any one of the eligible stakeholders does not support the initial recommendation proceeding to a final recommendation, pERC will review all feedback and comments received at a subsequent pERC meeting and reconsider the initial recommendation. Please also note that substantive comments on the provisional algorithm will preclude early conversion of the initial recommendation to a final recommendation.

B. Guidance on Scope of Feedback for Early Conversion

Information that is within scope of feedback for early conversion includes the identification of errors in the reporting or a lack of clarity in the information provided in the review documents. Based on the feedback received, pERC will consider revising the recommendation document, as appropriate and to provide clarity.

If a lack of clarity is noted, please provide suggestions to improve the clarity of the information in the initial recommendation. If the feedback can be addressed editorially this will done by the CADTH staff, in consultation with pERC, and may not require reconsideration at a subsequent pERC meeting. Similarly if the feedback relates specifically to the provisional algorithm and can be addressed editorially, CADTH staff will consult with PAG.

The final recommendation will be made available to the participating federal, provincial and territorial ministries of health and provincial cancer agencies for their use in guiding their funding decisions and will also be made publicly available once it has been finalized.

2 Instructions for Providing Feedback

a) The following stakeholders are eligible to submit feedback on the initial recommendation:
   - The sponsor and/or the manufacturer of the drug under review;
   - Patient groups who have provided input on the drug submission;
   - Registered clinician(s) who have provided input on the drug submission; and
   - CADTH's Provincial Advisory Group (PAG)

b) The following stakeholders are eligible to submit Feedback on the provisional algorithm:
   - The sponsor and/or the manufacturer of the drug under review;
   - Patient groups who have provided input on the drug submission;
   - Registered clinician(s) who have provided input on the drug submission; and
   - The Board of Directors of the Canadian Association of Provincial Cancer Agencies

- Feedback or comments must be based on the evidence that was considered by pERC in making the initial recommendation. No new evidence will be considered at this part of the review process.
- The template for providing stakeholder is located in section 3 of this document.
- The template must be completed in English. The stakeholder should complete those sections of the template where they have substantive comments and should not feel obligated to complete every section, if that section does not apply.
- Feedback on the initial recommendation should not exceed three pages in length, using a minimum 11-point font on 8 ½″ by 11″ paper. If comments submitted exceed three pages, only the first three pages of feedback will be provided to the pERC for their consideration.
- Feedback should be presented clearly and succinctly in point form, whenever possible. The issue(s) should be clearly stated and specific reference must be made to the section of the recommendation document under discussion (i.e., page number, section title, and paragraph). Opinions from experts and testimonials should not be provided. Comments should be restricted to the content of the initial recommendation, and should not contain any language that could be considered disrespectful, inflammatory or could be found to violate applicable defamation law.
- References may be provided separately; however, these cannot be related to new evidence.
- *CADTH is committed to providing an open and transparent cancer drug review process and to the need to be accountable for its recommendations to patients and the public. Submitted feedback must be disclosable and will be posted on the CADTH website.*
- The template must be filed with CADTH as a Microsoft Word document by the posted deadline.
- If you have any questions about the feedback process, please e-mail pcodrsubmissions@cadth.ca