CADTH

pan-Canadian Oncology Drug Review Stakeholder Feedback on a pCODR Expert Review Committee Initial Recommendation (Provincial Advisory Group [PAG])

Pembrolizumab (Keytruda) for Head and Neck Squamous Cell Carcinoma

December 22, 2020

3 Feedback on pERC Initial Recommendation

Name of the Drug and Indication(s):	Pembrolizumab (Keytruda) for Head and Neck Squamous Cell Carcinoma (HNSCC)
Eligible Stakeholder Role	
Organization Providing Feedback	Provincial Advisory Group (PAG)

** 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

Jurisdictions agree with the initial pERC recommendation.

b) 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) clearly worded? Is the intent clear? Are the reasons clear?

Page Number	Section Title	Paragraph, Line Number	Comments and Suggested Changes to Improve Clarity
1	pERC recommendation		Can the EGP report statement be included - "CADTH was unable to address limitations stemming from the excessive complexity of the sponsor's model. As such, CADTH was unable to validate calculations in the model, and it is possible that further limitations exist beyond those identified, which may result in an underestimation of the true ICER for pembrolizumab."
1	pERC recommendation		From the PAG appendix table, pERC supported including reimbursement for patients with tumours of primary locations including the nasal cavity and paranasal sinuses as well as non–EBER-expressing nasopharyngeal cancer - should this detail be included in the recommendation?

2	Next Step for Stakeholders		- Would it be of value to have the pERC/CGP response to pembrolizumab dose (mg/kg) and schedule (q3weekly vs. q6weekly) included in Next Steps as well as the PAG input table?
12-13	Evidence in Brief		- pg 12 Economic evaluation - 5th bullet - change to 'because cetuximab is not funded in "most jurisdictions" - pg 13 - During the deliberation, pERC had raised concern on the precise estimates provided on the ICER (and the price reduction) when the EGP had difficulty validating the model. The price reductions as written can be misleading during negotiations. If the EGP was still not able to validate the model, can a disclaimer be added that the % price reductions required may actually be higher than the estimates provided to reach the 50K/QALY and 100K/QALY thresholds?
18	Appendix Table of PAG Implementation Questions		First section under implementation factors - reference is made to renal cell carcinoma "PAG is seeking guidance on weight-based dose for renal cell carcinoma" - should be HNSCC
16	Appendix Table of PAG Implementation Questions		1) With regards to patients with ECOG of 2 or greater, "pERC noted that it would be reasonable to offer pembrolizumab monotherapy to patients with ECOG PS of 2 or greater in patients whose ECOG PS may be related to the underlying disease or tumour symptoms and who would be expected to improve on treatment." - How will these patients be identified? - Did the CGP support this, or just pERC? (The CGP report language is different: "the CGP felt it would be reasonable to offer PEMB-mono to patients with ECOG PS of 2 or greater or who might be considered ineligible for platinum-based combination therapy based on patient preferences and the judgment of the treating clinician." - In addition, how would performance status improvement be expected from PEMB-mono? The ORR from PEMB-mono was less than the response rates for CET-chemo (16.9 vs 36%). HRQoL on PEMB-mono stayed the same on treatment, as did the HRQoL on CET-chemo, suggesting no appreciable improvement to QoL for patients with

			ECOG 0 or 1. How does this differ with patients with ECOG of 2 or greater?

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.

Recommendation does not require reconsideration by pERC.

☐ Do not support conversion to final recommendation.

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, 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.

Page Number	Section Title	Paragraph, Line Number	Comments related to Stakeholder Information

CADTH

Template for Stakeholder Feedback on a pCODR Expert Review Committee Initial Recommendation

1 About Stakeholder Feedback

CADTH invites eligible stakeholders to provide feedback and comments on the pan-Canadian Oncology Drug Review Expert Review Committee (pERC) initial recommendation.

As part of the CADTH's pan-Canadian Oncology Drug Review (pCODR) 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 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), 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. 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.

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.

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

- 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)
- 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 requests@cadth.ca