CADTH

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

Atezolizumab & Bevacizumab for Hepatocellular Carcinoma

Ontario Health (Cancer Care Ontario) GI Drug Advisory Committee

November 17, 2020

3 Feedback on pERC Initial Recommendation

Name of the Drug and Indication(s):	atezolizumab & bevacizumab/HCC
Eligible Stakeholder Role	Registered clinician feedback
Organization Providing Feedback	Ontario Health (Cancer Care Ontario) GI Drug Advisory Committee

** 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.

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

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

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.
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CADTH

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Atezolizumab & Bevacizumab for Hepatocellular Carcinoma

Canadian GI Oncology Evidence Network (CGOEN)

November 17, 2020

3 Feedback on pERC Initial Recommendation

Name of the Drug and Indication(s):	**Atezolizumab + bevacizumab, for the treatment of patients with unresectable hepatocellular carcinoma (HCC) (pCODR project # 10217)**
Eligible Stakeholder Role	Clinician/Clinician Group
Organization Providing Feedback	Canadian GI Oncology Evidence Network (CGOEN)

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3.1 Comments on the Initial Recommendation

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CGOEN agrees with this recommendation as it generally aligns with the inclusion/exclusion criteria of the IMbrave 150 clinical trial which we find to be reasonable, and applicable to clinical practice

As you will note below in Section 3.2, we also (enthusiastically) support *early conversion to final recommendation.*

As the first treatment in over a decade to show an improvement in survival in front-line treatment as well as significantly delaying deterioration in quality of life (compared to sorafenib), we eagerly anticipate provincial funding.

There is great urgency to having this new therapy made available to Canadian patients, so we also urge **rapid negotiation by the pan Canadian Pharmaceutical Alliance, and speedy implementation by all provincial, territorial and federal public drug plans.**

Clinical Feedback

In the pERC recommendation on p.5, when addressing eligible patient populations it currently states:

> "*Prior to study enrolment, patients with untreated or incompletely treated esophageal or gastric varices were required to undergo an esophagogastroduodenoscopy and treatment per local standard of care. Patients with untreated or incompletely treated esophageal and/or gastric varices with bleeding or high risk for bleeding were excluded from the trial.*"

CGOEN advises that when considering patients with prior bleeding events, the use of atezolizumab + bevacizumab should be based on individual risk–benefit assessments.

Economic Feedback

Re: p. 10

> *"The results are primarily driven by the combined cost of treatment for atezolizumab plus bevacizumab. With a 99% price reduction for atezolizumab, the ICER is $309,306 per*

QALY; with a 99% price reduction for atezolizumab and a 71% price reduction for bevacizumab, the ICER falls below $50,000 per QALY.

Overall, it is highly unlikely that atezolizumab plus bevacizumab would be considered cost-effective at a willingness to pay of $50,000 per QALY, even if substantial price reductions were obtained for both atezolizumab and bevacizumab."

As a group of physicians with expert knowledge of the clinical factors related to the treatment of HCC, we generally do not comment on issues related to pharmacoeconomics. However, we felt it important to comment on CADTH's recent use of an ICER pegged at $50,000 per QALY as the willingness-to-pay (WTP) threshold for payers. We are aware that previous pERC recommendations included analyses to determine needed price reductions for ICERS of $100,000 and $50,000. We are also aware of ICERS considered that were significantly over $100,000 in situations where there was significant unmet need or where there was considerable therapeutic improvement.

We support the work of Canadian health technology assessment agencies and the pan Canadian Pharmaceutical Alliance (pCPA) in assessing value and achieving value in prescription medications for publicly funded drug programs. However, we are concerned that CADTH is arbitrarily establishing a new (and low) WTP threshold that could ultimately result in Canadian patients with difficult-to-treat cancers being denied access to important new therapies

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