pan-Canadian Oncology Drug Review

Patient Advocacy Group Feedback on a pCODR Expert Review Committee Initial Recommendation

Ruxolitinib (Jakavi) for Myelofibrosis

January 14, 2013

INQUIRIES

Inquiries and correspondence about the pan-Canadian Oncology Drug Review (pCODR) should be directed to:

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1. Feedback on pERC Initial Recommendation

Name of the drug indication(s): JAKAVI - Myelofibrosis

Name of registered patient advocacy group: The CML Society of Canada

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

1.1 Comments on the Initial Recommendation

a) Please indicate if the patient advocacy group agrees or disagrees with the initial recommendation:

____ agrees X agrees in part ____ disagree

1.) While we agree with the identified patient population, we would like to draw your attention to the need for greater flexibility in the wording and interpretation of the types of patients who may qualify for treatment with JAKAVI.

2.) Patients and Medical Professionals who specialize in the treatment of Myelofibrosis have advised us that not all patients will be easily classified into intermediate-2, but that does not imply that they will not significantly benefit from treatment.

3.) In fact, we have been told that in some cases treatment with JAKAVI can and should be started earlier so that symptoms and quality of life can be easier managed without escalating to difficult to manage phases, which may ultimately require more healthcare resources to be used.

4.) We want the reviewers to understand that sometimes with cancer, the first chance you get to control the disease is very often the only chance you get.

5.) We are very pleased that treatment will be available for patients who have been failed by other treatments.

b) Notwithstanding the feedback provided in part a) above, please indicate if the patient advocacy group would support this initial recommendation proceeding to final pERC recommendation ("early conversion"), which would occur within 2(two) business days of the end of the consultation period.

____ Support conversion to final recommendation.

Recommendation does not require reconsideration by pERC.

__X__ Do not support conversion to final recommendation.

Recommendation should be reconsidered by pERC.

c) Please provide feedback on the initial recommendation. 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	Recommendation		However, at the submitted price and based on the Economic Guidance Panel's best estimates, ruxolitinib could not be considered cost-effective compared with best available therapy. – Our question is that this cannot be determined as there is currently no best available therapy for these patients.
5	**Need: no curative treatments for patients who are not candidates for transplant**		**Need: no curative treatments for patients who are not candidates for transplant** pERC noted that currently the only curative therapy for myelofibrosis is ASCT, which is not available to most individuals because of age, co-morbidity or availability of donor. The standard treatments currently used are either marginally effective (splenectomy, cytoreductive therapy, supportive care with transfusions) or are symptomatic treatments with limited duration of response (hydroxyurea). Therefore, pERC considered that there is clear clinical need for effective treatments for myelofibrosis. Our perspective/understanding is (The CML Society of Canada) There is currently nothing that compares to JAKAVI, ASCT costs are significantly high and may require long term associated costs throughout a patients lifetime, if they in fact survive.

1.2 Comments Related to Patient Advocacy Group Input

Please provide feedback on any issues not adequately addressed in the initial recommendation based on patient advocacy group input provided at the outset of the review on outcomes or issues important to patients that were identified in the submitted patient input. Please note that new evidence will be not considered during this part of the review process, however, it may be eligible for a Resubmission. If you are unclear as to whether the information you are providing is eligible for a Resubmission, please contact the pCODR Secretariat.

Examples of issues to consider include: what are the impacts of the condition on patients' daily living? Are the needs of patients being met by existing therapies? Are there unmet needs? Will the agents included in this recommendation affect the lives of patients? Do they have any disadvantages? Stakeholders may also consider other factors not listed here.

Page Number	Section Title	Paragraph, Line Number	Comments related to initial patient advocacy group input

1.3 Additional Comments About the Initial Recommendation Document

Please provide any additional comments:

Page Number	Section Title	Paragraph, Line Number	Additional Comments
7	**ADOPTION FEASIBILITY Considerations for implementation and budget impact: impact of prevalent population and managing of monthly ruxolitinib costs**		1.) It is important that all patients with Myelofibrosis have an equal opportunity to access this treatment and equally important that they are carefully monitored by their physicians as that is a nonnegotiable standard of care. Furthermore we would like to stress the importance of ensuring that the patients are equally engaged in the decision making process of their treatment/care plans, and that any guidelines be as transparent as is possible and developed in a patient centric fashion. 2.) JAKAVI is the first drug approved to treat Myelofibrosis but we will never realize the full benefit of the drug if we place too many restrictions on access and use. We are very hopeful that with more experience in the use of this drug, we may find that JAKAVI provides an improved rate of overall survival and perhaps be proven to provide additional yet at this time, undiscovered benefits. In this case we strongly urge that patient data be continued to be collected so that real world use can be tracked so that we may gain better benefit of understanding how this drug performs.

pCODR Patient Advocacy Group Feedback on a pERC Initial Recommendation

About Completing This Template

pCODR invites those registered patient advocacy groups that provided input on the drug under review **prior** to deliberation by the pCODR Expert Review Committee (pERC), to also provide feedback and comments on the initial recommendation made by pERC. (See www.pcodr.ca for information regarding review status and feedback deadlines.)

As part of the pCODR review process, the pCODR Expert Review Committee makes an initial recommendation based on its review of the clinical, economic and patient evidence for a drug. (See www.pcodr.ca for a description of the pCODR process.) The initial recommendation is then posted for feedback and comments from various stakeholders. The pCODR Expert Review Committee welcomes comments and feedback that will help the members understand why the patient advocacy groups agree or disagree with the initial recommendation. In addition, the members of pERC would like to know if there is any lack of clarity in the document and if so, what could be done to improve the clarity of the information in the initial recommendation. Other comments are welcome as well.

All stakeholders have 10 (ten) business days within which to provide their feedback on the initial recommendation and rationale. If all invited stakeholders, including registered patient advocacy groups, agree with the recommended clinical population described in the initial recommendation, it will proceed to a final pERC recommendation by 2 (two) business days after the end of the consultation (feedback) period. This is called an "early conversion" of an initial recommendation to a final recommendation.

If any one of the invited stakeholders does not support the initial recommendation proceeding to final pERC recommendation, pERC will review all feedback and comments received at the next possible pERC meeting. Based on the feedback received, pERC will consider revising the recommendation document as appropriate. It should be noted that the initial recommendation and rationale for it may or may not change following consultation with stakeholders.

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

Instructions for Providing Feedback

a) Only registered patient advocacy groups that provided input at the beginning of the review of the drug can provide feedback on the initial recommendation.

- Please note that only one submission per patient advocacy group is permitted. This applies to those groups with both national and provincial / territorial offices; only one submission for the entire patient advocacy group will be accepted. If more than one submission is made, only the first submission will be considered.
- Individual patients should contact a patient advocacy group that is representative of their condition to have their input added to that of the

group. If there is no patient advocacy group for the particular tumour, patients should contact pCODR for direction at info@pcodr.ca.

b) 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 during this part of the review process; however, it may be eligible for a Resubmission.

c) The template for providing *pCODR Patient Advocacy Group Feedback on a pERC Initial Recommendation* can be downloaded from the pCODR website. (See www.pcodr.ca for a description of the pCODR process and supporting materials and templates.)

d) At this time, the template must be completed in English. Patient advocacy groups 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 to their group. Similarly, groups should not feel restricted by the space allotted on the form and can expand the tables in the template as required.

e) Feedback on the initial pERC recommendations **should not exceed three (3) 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 forwarded to the pERC.

f) 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.

g) References to support comments may be provided separately; however, these cannot be new references. New evidence is not considered during this part of the review process, however, it may be eligible for a Resubmission. If you are unclear as to whether the information you are considering to provide is eligible for a Resubmission, please contact the pCODR Secretariat.

h) The comments must be submitted via a Microsoft Word (not PDF) document by logging into www.pcodr.ca and selecting "Submit Feedback" by the posted deadline date.

i) Patient advocacy group feedback must be submitted to pCODR by **5 P.M. Eastern Time** on the day of the posted deadline.

j) If you have any questions about the feedback process, please e-mail info@pocr.ca. For more information regarding patient input into the pCODR drug review process, see the *pCODR Patient Engagement Guide*. Should you have any questions about completing this form, please email info@pcodr.ca

Note: Submitted feedback is publicly posted and also may be used in other documents available to the public. The confidentiality of any submitted information at this stage of the review cannot be guaranteed.