



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

Pertuzumab (Perjeta) for MBC

August 1, 2013

3 Feedback on pERC Initial Recommendation

Name of the drug indication(s): Pertuzumab (Perjeta) for MBC

Endorsed by: Provincial Advisory Group Vice-Chair

Feedback was provided by eight of the nine provinces (Ministries of Health and/or provincial cancer agencies) participating in pCODR.

3.1 Comments on the Initial Recommendation

a) Please indicate if the PAG (either as individual PAG members and/or as a group) agrees or disagrees with the initial recommendation:

Agrees Agrees in part Disagree

The recommendation addresses most of PAG issues and PAG agrees with the committee's recommendation to fund pertuzumab with the use of any taxane.

b) Notwithstanding the feedback provided in part a) above, please indicate if the PAG 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. Do not support conversion to final recommendation.
 Recommendation does not require reconsideration by pERC. Recommendation should be reconsidered by pERC.

All PAG members providing feedback supported the conversion of the pERC initial recommendation to a pERC final recommendation.

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	pERC Recommendation	1, last part of second	There are concerns with the 6 month interval chosen, given it may be considered arbitrary

Page Number	Section Title	Paragraph, Line Number	Comments and Suggested Changes to Improve Clarity
		sentence	and is also not in line with how some provinces manage metastatic breast cancer patients who have previously received adjuvant or neoadjuvant trastuzumab.
17 (clinical guidance report)	Evidence-Based Considerations for a Funding Population	3 rd , Line 5	Please note at least one province (Ontario) funds 2 nd line trastuzumab after progression from 1 st line trastuzumab.
1	Potential Next Steps for Stakeholders	8,9	Statements that potential drug wastage of Trastuzumab would exist due to the combo pack should not be a factor. Trastuzumab is packaged for reconstitution with <u>bacteriostatic water for injection</u> giving a labeled stability of 28 days in the fridge for the reconstituted Trastuzumab due to the preservative being present. Therefore, any part vials of reconstituted Trastuzumab remaining after dose preparation reasonably would be re-used for another patient, or even the same patient if treated in a smaller centre, as treatment cycles are every 3 weeks. If Trastuzumab is reconstituted with unpreserved sterile water (i.e. not using the supplied BSWI), then part vials cannot be re-used - this should not happen unless specially requested in a situation of preservative allergy. The reconstituted drug, once further diluted in Normal Saline for infusion only has labeled 24 hour stability, but placing drug remainders in an IV bag would not be done in practice for this drug.
3	Summary of PERC Deliberations	2	As above
6	Adoption Feasibility	1	As above
6	Adoption feasibility	Para 1; Line 6-7-8	<p>"would not significantly increase chemotherapy clinic time and resources"</p> <p>-suggest to clarify to: <i>would increase chair time</i></p> <p>Although pertuzumab would be administered in the same patient population, there would be an increase in chair time and resources.</p>
6	Adoption Feasibility	1, 6	Comment that the addition of pertuzumab would not significantly increase chemotherapy clinic time is not consistent with PAG input which was that although this is not a new treatment population, the individual treatments would be longer and there are more IV dose administrations per patient.

3.2 Comments related to PAG input

Please provide feedback on any issues not adequately addressed in the initial recommendation based on the PAG input provided at the outset of the review on potential impacts and feasibility issues of adopting the drug within the health system.

Page Number	Section Title	Paragraph, Line Number	Comments related to initial PAG input
NA	NA	NA	No additional comments were received.

3.3 Additional comments about the initial recommendation document

Please provide any additional comments:

Page Number	Section Title	Paragraph, Line Number	Additional Comments
NA	NA	NA	Pricing for the combo pack may be an issue if this requires multiple pricing for trastuzumab (and possibly pertuzumab if future combinations come out).

About Completing This Template

pCODR invites the Provincial Advisory Group (PAG) to provide feedback and comments on the initial recommendation made by the pCODR Expert Review Committee. (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 pERC 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 PAG, either as individual PAG members and/or as a group, agrees or disagrees with the pERC 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 pERC 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 agree with the recommended clinical population described in the initial recommendation, it will proceed to a pERC final 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 a pERC final 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 pERC final 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 members of the PAG can provide feedback on the pERC initial recommendation; delegates must work through the PAG representative to whom they report.
 - a. Please note that only one submission is permitted for the PAG. Thus, the feedback should include both individual PAG members and/or group feedback.
- b) Feedback or comments must be based on the evidence that was considered by pERC in making the pERC initial recommendation. No new evidence will be considered at this part of the review process, however, it may be eligible for a Resubmission.
- c) The template for providing *Provincial Advisory Group (PAG) 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. PAG 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. Similarly, PAG 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 pERC Initial Recommendation 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 related to new evidence. New evidence is not considered at 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 to the pCODR Secretariat by the posted deadline date.
- i) If you have any questions about the feedback process, please e-mail submissions@pcodr.ca.

Note: Submitted feedback may be used in documents available to the public. The confidentiality of any submitted information cannot be protected.