pCODR PAN-CANADIAN ONCOLOGY DRUG REVIEW

pan-Canadian Oncology Drug Review

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

Bendamustine (Treanda) for Chronic Lymphocytic Leukemia

November 29, 2012

INQUIRIES

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

pan-Canadian Oncology Drug Review
1 University Avenue, suite 300
Toronto, ON
M5J 2P1

Telephone: 416-673-8381
Fax: 416-915-9224
Email: info@pcodr.ca
Website: www.pcodr.ca

Feedback on pERC Initial Recommendation

Name of the drug and indication(s): Bendamustine for First-line Treatment of Chronic Lymphocytic Leukemia
And Relapsed/refractory Chronic Lymphocytic Leukemia

Name of registered patient advocacy group: CLL Patient Advocacy Group (CLL PAG)

* Comments on the Initial Recommendation

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

____ agrees __**x**__ agrees in part ____ disagree

CLL PAG has some significant concerns with the initial recommendation:

Bendamustine for First-line Treatment of Chronic Lymphocytic Leukemia - delays in patient access:
While CLL PAG is concerned about further delays in Canada in access for a drug that is widely available in other countries for the treatment of Chronic Lymphocytic Leukemia, we accept that pERC's lack of confidence in the economic model submitted for 1st line requires a deferral so that uncertainties in the areas of cost effectiveness can be resolved.

Bendamustine for Relapse Chronic Lymphocytic Leukemia for whom fludarabine-based therapy is not appropriate
Recognizing that pERC expressed a similar lack of confidence in the economic model submitted for the relapsed/refractory setting, and recognizing the overwhelming body of international evidence supporting the use of bendamustine in the refractory/relapsed setting, CLL PAG is requesting **that pCODR also defer making a final recommendation in this setting** so that the manufacturer can address issues of confidence with respect to cost-effectiveness, and clinical benefit.

CLL: A Rare and Neglected Disease
CLL is termed by both the NCCN and the EU as an orphan, rare and neglected disease, and in Canada CLL PAG recognizes that CLL is also a neglected disease with few treatment options. The overarching concern of CLL PAG is that there is a large body of international evidence supporting the use of bendamustine in both the first line setting and the refractory/relapsed setting that apparently is not being adequately considered by pCODR. It would be an immeasurable disservice to Canadian patients with CLL if a proven therapy, widely reimbursed for patients in other countries, was not made available or given due consideration.

Change in Scope:
CLL PAG believes, that when considering the feasibility of implementing a recommendation

in the relapsed/refractory setting, that pERC expanded the scope of their considerations (re: budget impact) from the submitted indication of: *patients with chronic lymphocytic leukemia for whom fludarabine-based therapy is not appropriate* to pERC's concern of "*a large prevalent population who would require treatment*".

Clearly the difference in scope between the relatively narrow population of patients for which fludarabine-based therapy is not appropriate to "a large prevalent population" is considerable and would have significant consequences on budget impact. Recognizing that the manufacturer was not seeking a recommendation on the whole prevalent population, we are concerned that pCODR/pERC has, essentially, created an artificial bias that contributed to a recommendation that bendamustine not be funded in the relapsed/refractory setting.

Further, while CLL PAG recognizes that pCODR has a mandate to assess the feasibility of adoption of a drug in the health system, the provincial/territorial Ministries of Health and provincial cancer agencies are the ultimate payers, and, recognizing that these payers frequently negotiate listing agreements that address utilization – the potential impact on drug budgets may be radically different than what is conceived by pCODR.

We feel that pCODR's recommendations regarding feasibility and budget impact should avoid vagaries, be explicit, and should focus on the patient population in the submitter's funding request.

Please indicate if the patient advocacy group would support this initial recommendation proceeding to final pERC recommendation ("early conversion").

____	Support conversion to final recommendation.	**x**	Do not support conversion to final recommendation.
	Recommendation does not require reconsideration by pERC.		Recommendation should be reconsidered by pERC.

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
2	Summary of pERC Deliberations	Para 1, Line 6	"*limited information was available to pERC for their deliberations*" CLL PAG Comment: There is an overwhelming body of international evidence pointing to the clinical effectiveness of bendamustine in both the 1st line setting and the refractory/relapsed setting. CLL PAG asks pERC to review/consider evidence that specifically addresses bendamustine combined with rituximab in patients with relapsed and/or refractory CLL.

Page Number	Section Title	Paragraph, Line Number	Comments and Suggested Changes to Improve Clarity
5	Adoption Feasibility	Para 4, Line 1,2	"*pERC also discussed that for relapsed/refractory CLL there may be a large prevalent population requiring treatment, which could have substantial budget impact*" Comment: CLL PAG is concerned that the expansion of scope whereby pERC has forecast budget impact based on a much larger prevalent population (vs. the much smaller patient group where fludarabine-based therapy is not appropriate), has created an artificial bias that may contributed to a recommendation that bendamustine not be funded in the relapsed/refractory setting.

1.1 Comments Related to Patient Advocacy Group Input

Number	Section Title	Paragraph, Line Number	Comments related to initial patient advocacy group input
4	Patient-Based Values	Para 2, Lines 7-9	"*pERC….noted that the limited clinical data available in the Medgenberg 2009 study did not allow the Committee to assess how bendamustine affects outcomes of fatigue or quality of life*". CLL PAG suggests that pCODR can improve clarity of this section by referencing evidence submitted in the CLL PAG patient submission whereby we asked patients: What effects has bendamustine had on your CLL? (a) What positive or negative side effects have you experienced with bendamustine? (b) Which side effects are acceptable to you? 13 patients with bendamustine experience commented on the effects of bendamustine on their CLL. 11 patients reported positive response to bendamustine with respect to white blood cell counts, and/or reduced node sizes, and/or reduced fatigue. 2 patients reported that bendamustine was not effective in treating their CLL.

1.2 Additional Comments About the Initial Recommendation Document

Please provide any additional comments:

Page Number	Section Title	Paragraph, Line Number	Additional Comments
5	*Economic Evaluation*	*Para 1, Line1*	*"…a number of flaws were identified that led the EGP to question the face validity of the economic model"* *CLL PAG Comment: Recognizing that pERC expressed a similar lack of confidence in the economic model submitted for the 1st line setting, and recognizing the overwhelming body of international evidence supporting the use of bendamustine in the refractory/relapsed setting,* ***the CLL PAG is asking also that pCODR defer making a final recommendation in this setting so that the manufacturer can address issues of confidence with respect to cost-effectiveness, and clinical benefit.***

About Completing This Template

pCODR invites the Submitter, or the Manufacturer of the drug under review if they were not the Submitter, to 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 Submitter (or the Manufacturer of the drug under review, if not the Submitter), agrees or disagrees 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 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 the group making the pCODR Submission, or the Manufacturer of the drug under review can provide feedback on the initial recommendation.

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 at this part of the review process, however, it may be eligible for a Resubmission.

c) The template for providing *Submitter or Manufacturer Feedback on 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. The Submitter (or the Manufacturer of the drug under review, if not the Submitter) 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, the Submitter (or the Manufacturer of the drug under review, if not the Submitter) 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.