pCODR PAN-CANADIAN ONCOLOGY DRUG REVIEW

pan-Canadian Oncology Drug Review

Provincial Advisory Group (PAG) Feedback on a pCODR Expert Review Committee Initial Recommendation

Bendamustine Hydrochloride (Treanda) for indolent Non-Hodgkin Lymphoma

November 29, 2012

3 Feedback on pERC Initial Recommendation

Name of the drug indication(s): Bendamustine Hydrochloride (Treanda) for indolent Non-Hodgkin Lymphoma and Mantle Cell Lymphoma

Endorsed by: Provincial Advisor Group Vice-Chair

Feedback was provided by nine 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 __X__ agrees in part ____ disagree

Most PAG members providing feedback agreed in part with the initial recommendation with one member agreeing fully and one disagreeing. Most PAG members agreed with the recommendation to have limited use of Bendamustine in the first line and relapsed setting in combination with rituximab while broader patient population evidence should be awaited.

Some PAG members also noted a need for a comment on the use of maintenance Rituximab following B-R. Even though this was not included in the trial evaluated, maintenance rituximab is generally considered as standard of care for patients who respond to B-R in the first line setting.

Some PAG members indicated uncertainty in the phrasing of the eligibility criteria for B-R therapy in the relapsed/refractory setting. PAG would like clarity as to the definition of "rituximab refractory" and whether it includes patients with recurrent disease over 12 months following end of rituximab maintenance therapy.

PAG sought clarity in the relapse/refractory setting about the phrase "where fludarabine-rituximab would previously have been the therapeutic option" and whether this was meant to exclude patients who may either not be suitable for or not have access to fludarabine.

Some PAG members did not agree with that part of the initial recommendation indicating that Bendamustine is likely cost effective as there appears to be considerable uncertainty in the cost effectiveness estimates provided by the economic panel. PAG members indicated that the estimates may be likely in the higher range and disagree with pERC's statement that the estimates are in the mid to low range. PAG members indicated that the recommendation should acknowledge this uncertainty in the cost effectiveness and what drives this uncertainty.

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.	__X__	Do not support conversion to final recommendation.
	Recommendation does not require reconsideration by pERC.		Recommendation should be reconsidered by pERC.

Most PAG members providing feedback did not support conversion of the pERC initial recommendation to a 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	2nd	PAG would like a definition of "rituximab refractory". PAG members noted that rituximab in combination with bendamustine (or any other chemotherapeutic agent) may be offered as a retreatment in patients who are disease free for one year from the last dose of rituximab. As such PAG members feel that the statement on "maintenance" may have unintended implications when it comes to setting the final criteria on the provincial level as indolent Non-Hodgkin Lymphoma patients have received/are receiving R-maintenance since 2007.
6	Economic evaluation – drug costs	4th	PAG noted that the single agent dose listed in the recommendation was for 120 mg/m^2 D1, 2 every 21 days, instead of the 90 mg/m^2 D1, 2 every 28 days used in combination with Rituximab. PAG noted that the dose listed may need to be changed to the combination dose.
8	Drug information	3rd bullet	PAG noted a need to include 'single agent' when referring to 120 mg/m^2 dose. PAG noted that dosing of 90 mg/m^2 D1, 2 every 28 days was also used in first line StiL NHL1 as well as in STiL 2 and should be indicated in the text. PAG also noted that the 90 mg/m^2 dose is in combination with Rituximab and should be indicated.

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	NA

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	NA

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.