pCODR PAN-CANADIAN ONCOLOGY DRUG REVIEW

pan-Canadian Oncology Drug Review

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

Pazopanib hydrochloride (Votrient) Resubmission for metastatic renal cell carcinoma

August 29, 2013

1 Feedback on pERC Initial Recommendation

Name of the drug indication(s): Votrient (pazopanib) for metastatic renal cell

Name of registered patient advocacy: Kidney Cancer Canada

1.1 Comments on the Initial Recommendation

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

X agrees ____ agrees in part ____ disagree

Please explain why the patient advocacy group agrees, agrees in part or disagrees with the initial recommendation.
Kidney Cancer Canada agrees fully with the removal of the "intolerance to Sutent" condition introduced by pCODR during the first review (January 2012). We fully support equal access to either sunitinib or pazopanib for 1st line treatment for mrcc.

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.

X	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.

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	Potential Next Steps for Stakeholders		Kidney Cancer Canada requests wording to Stakeholders to support the use of second-line treatment options <u>following</u> pazopanib. Suggest: "Provinces should evaluate use of approved second-line agents (everolimus, axitinib) for use following a VEGF-TKI including pazopanib". Some provinces (BC, NS, SK) have considered either sunitinib or pazopanib as first-line agents prior to everolimus (or other), but of significant concern is that several (ON, NB) do not currently fund any treatment following

Page Number	Section Title	Paragraph, Line Number	Comments and Suggested Changes to Improve Clarity
			pazopanib. We support pERC taking a leadership role in encouraging provinces to immediately adopt this recommendation to a) remove the "intolerance condition" and b) address the inequality of access to second-line treatments after pazopanib.

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
2, 5	Summary of pERC Deliberations Patient Based Values	4 3	Kidney Cancer Canada wishes to provide feedback on the statement: *"However, pERC emphasized that the selection of the appropriate treatment option should be based on the assessment of the treating physician, taking into consideration the concerns of the patient".* Why has this statement been included? Patient-Based Values would more accurately reflect that the patient and the physician make the treatment decision TOGETHER in a respectful and collaborative manner. Clearly the physician has the only authority to write the order. We feel that the current statement, listed in two places, does not respect the value of

Page Number	Section Title	Paragraph, Line Number	Comments related to initial patient advocacy group input
			shared decision-making or the input of well-informed patients in their own treatment decision-making. In the case of rarer cancers such as renal cell carcinoma, many treating physicians are considerably less well informed about treatment options and side effects, especially of newer therapies. We respectfully ask for this statement to be modified or deleted from both places in the recommendation.

1.3 Additional Comments About the Initial Recommendation Document

Please provide any additional comments:

Page Number	Section Title	Paragraph, Line Number	Additional Comments
6	Adoption Feasibility		As noted, attention needs to be given to treatment options following pazopanib. If sunitinib and pazopanib are of comparable efficacy as VEGF TKIs, consideration must be given to access of second-line agents (everolimus or axitinib). Without such wording included, provinces may not necessarily recognize that treatment following first-line is equally necessary. Patient values of choice in the first line are clearly not met if one choice leads to no subsequent treatment whatsoever.
6	Adoption Feasibility		Kidney Cancer Canada remains concerned about the length of time it is taking for many provinces to move pCODR recommendations into reimbursement decisions. Given the length of time since the pazopanib NOC (May 2010) and the need for a second pCODR review (resubmission), our sincere hope is that this recommendation will be expedited by the provincial drug plans without further delay. We look forward to informing our patients of prompt revisions to listings for pazopanib across the country.

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.