PAN-CANADIAN ONCOLOGY DRUG REVIEW

pan-Canadian Oncology Drug Review

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

Crizotinib (Xalkori) Advanced NSCLC

October 4, 2012

INQUIRIES

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

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3 Feedback on pERC Initial Recommendation

Name of the drug indication(s): Crizotinib (Xalkori) in ALK+ advanced NSCLC

Title: PAG Chair

Feedback was provided by six 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:

_ x_ agrees ____ agrees in part ____ disagree

Please explain why the PAG (either as individual PAG members and/or as a group) agrees, agrees in part or disagrees with the initial recommendation.

All PAG members providing feedback agree with the recommendations and flagged issues regarding efficacy and cost-effectiveness of Crizotinib.

PAG agrees that although the magnitude of the tumour response seen with Crizotinib was considerable, a net clinical benefit has not been demonstrated due to limitations in the study design. PAG also noted that as a result of the uncertainty in the clinical data, there is a significant uncertainty in the cost-effectiveness of Crizotinib, with potential additional costs accruing with testing for ALK mutation status of all patients with NSCLC. PAG indicated that the results of a comparative study would assist in both the clinical and economic evaluation.

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.

__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

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.

Please note that new evidence will be 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 providing is eligible for a Resubmission, please contact the pCODR Secretariat.

Examples of issues to consider include: what are the operational, capital, human resources, legislative, regulatory factors that may either important enablers or barriers to recommendation implementation.

Page Number	Section Title	Paragraph, Line Number	Comments related to initial PAG input
N/A	N/A	N/A	Agree with the recommendation. The submitted clinical trials are inherently limited in demonstrating the clinical effectiveness of the drug. Despite the observed benefit of the drug, it is difficult to objectively measure how much of a benefit is realized especially when there is a lack of head to head data to current standard of care. Moreover, because of the weakness in the foundation of the clinical evidence, there is uncertainty in the cost-effectiveness. The EGP assumptions appear more realistic and likely the cost of testing may also result in a drastically higher ICER and budget impact. As there are phase III trial results on the way, it seems appropriate to wait until those are released before considering funding.
N/A	N/A	N/A	Agree that additional clinical evidence is required before proceeding with funding options for Crizotinib.
N/A	N/A	N/A	Agree that the evidence in the study does not allow for full determination of benefit/outcome, QoL, or an estimate of cost-effectiveness. Agree that historical controls are not an adequate comparative group, but data on response rates and outcomes relative to this historical group are encouraging. Support a re-submission if positive results reported from PROFILE 10007.
N/A	N/A	N/A	Current therapies in use for NSCLC are effective

Page Number	Section Title	Paragraph, Line Number	Comments related to initial PAG input
			and it is not clear what the net benefit of Crizotinib is in terms of its efficacy and economics in comparison to the current standard of care.
N/A	N/A	N/A	Cost-effectiveness of testing to determine ALK-positive individuals needs to be incorporated into the economic evaluation.

3.3 Additional comments about the initial recommendation document

Please provide any additional comments:

Page Number	Section Title	Paragraph, Line Number	Additional Comments
1	Potential next steps for stakeholders	1,1	Possible typo? PROFILE 1007 rather than PROFILE 10007.

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.