pan-Canadian Oncology Drug Review

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

Vemurafenib (Zelboraf) for Advanced Melanoma

June 1, 2012

Feedback on pERC Initial Recommendation

Name of the drug indication(s): Zelboraf(vemurafenib)

Name of registered patient advocacy: Melanoma Network of Canada

**pCODR may contact this person if comments require clarification. Contact information will not be included in any public posting of this document by pCODR.*

3.1 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.

The Melanoma Network of Canada is pleased with the initial recommendation of pCODR for the overall clinical benefit of vemurafenib and strongly encourages the provinces to negotiate appropriate pricing with the manufacturer to make Zelboraf available for patients across Canada in a timely manner. As the data has shown, there are really no other effective therapies that have demonstrated such positive results for patients in terms of overall survivability.

The provinces should note that there are many cancer drugs and other long term health therapies and treatments that are significantly higher in cost for our health care system. What also must be acknowledged is that these are targeted therapies and if made available, will be offered to a very small number of patients annually in Canada.

The incidence of melanoma is approximately 5600 new cases per year. It is estimated that about 150-200 stage III or stage IV patients will require this drug over the course of a year. A province like Manitoba (where 4.5% of the Canadian population resides) might only have 5 or 6 patients per year that require this medication. With so few patients actually requiring the drug each year, and with so much potential for these patients to regain their ability to function and to contribute to society and care for their families, we feel that the price consideration for the provinces is not as significant as it would initially appear.

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

3.2 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

3.3 Additional comments about the initial recommendation document

Please provide any additional comments:

Page Number	Section Title	Paragraph, Line Number	Additional Comments