pan-Canadian Oncology Drug Review

Registered Clinician Feedback on a pCODR Expert Review Committee Initial Recommendation

Olaparib (Lynparza) Ovarian Cancer - Resubmission

September 20, 2017

3 Feedback on pERC Initial Recommendation

Name of the drug indication(s):	Olaparib
Name of registered clinician(s):	Walter H. Gotlieb, MD, PHD.

**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 registered clinician(s) agrees or disagrees with the initial recommendation:

__x__ agrees ____ agrees in part ____ disagree

Please explain why the registered clinician(s) agrees, agrees in part or disagrees with the initial recommendation.

- The members of the Society of Gynecologic Oncology of Canada are happy with pERC's present positive recommendation concerning the first PARP-inhibitor in ovarian cancer.
- This recommendation is based on both Study 19 and SOLO-2 trial results, that established the clinical benefit of olaparib (capsules and tablets) for patients with ovarian cancer who carry a BRCA mutations and have platinum sensitive relapse.
- The net clinical benefit of olaparib maintenance therapy compared with placebo has been the message we have obtained from all our members who have used parp inhibitors.
- It is a well tolerated convenient oral therapy that has clearly demonstrated significant and clinically meaningful improvement in PFS and quality of life.
- It provideds the important benefit of the delay in time to the next chemotherapy which is extremely significant, given the high rate of relapse for these women, potentiall reducing chemotherapy use.
- Our members have witnessed around 10-15% of patients that have demonstrated unexpected long-term response with more than three years of cancer-free survival, some for as long as 6 years.
- Our Society reiterates that there is a huge unmet need due to the devastating impact of recurrent ovarian cancer, and that olaparib demonstrates a direct benefit in a select subgroup of patients who are BRCA mutated.
- Since the introduction of taxol in the early 90's, there has been a lack of progress in treatment option for patients with ovarian cancer, heightening the urgent unmet need.
- There is currently no therapy known to extend off-chemo remissions, and the durations of remissions are almost always progressively shorter over time, with increasing symptoms of cancer and increasing chemotherapy exposure and toxicity.

- At least for a subpopulation of patients with ovarian cancer there is new hope as Olaparib delays disease progression and extends the time before requiring subsequent cytotoxic chemotherapy, and maintains the quality of life of patients.
- Thanks to the re-evaluation of pCODR of the new data, Canadian women will finaly be able to receive the same benefit as other women have had around the world.
- For these reasons our Society, who represents the healthcare providers taking care of women with ovarian cancer commends and supports this recommendation and kindly asks for an expedited positive final recommendation to allow the provinces to make a Parp inhibitor available for patients without further unnecessary delays and suffering.

b) Notwithstanding the feedback provided in part a) above, please indicate if the registered clinician(s) would support this initial recommendation proceeding to final pERC recommendation ("early conversion"), which would occur two (2) Business Days after the end of the feedback deadline date.

_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 the Registered Clinician(s) Input

Please provide feedback on any issues not adequately addressed in the initial recommendation based on registered clinician(s) input provided at the outset of the review on outcomes or issues important that were identified in the submitted clinician 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 program.

Examples of issues to consider include: Are there therapy gaps? Does the drug under review have any disadvantages? Stakeholders may also consider other factors not listed here.

Page Number	Section Title	Paragraph, Line Number	Comments related to initial registered clinician input

3.3 Additional comments about the initial recommendation document

Please provide any additional comments:

Page Number	Section Title	Paragraph, Line Number	Additional Comments

3 Feedback on pERC Initial Recommendation

Name of the drug indication(s):	Olaparib as monotherapy maintenance treatment of adult patients with platinum-sensitive relapsed BRCA-mutated epithelial ovarian, fallopian tube or primary peritoneal cancer who are in response to platinum-based chemotherapy.
Name of registered clinician(s):	Dr. Sarah Ferguson; Dr. Orit Freedman; Dr. Jim Biagi; Dr. Helen MacKay; Dr. Julie Francis; Dr. Stephen Welch

**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 registered clinician(s) agrees or disagrees with the initial recommendation:

___X_ agrees ____ agrees in part ____ disagree

Olaparib maintenance addresses an unmet need, improves PFS, and has minimal toxicities.

b) Notwithstanding the feedback provided in part a) above, please indicate if the registered clinician(s) would support this initial recommendation proceeding to final pERC recommendation ("early conversion"), which would occur two (2) Business Days after the end of the feedback deadline date.

__X__ Support conversion to final recommendation.

Recommendation does not require reconsideration by pERC.

____ Do not support conversion to final recommendation.

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
2	Potential Next Steps For Stakeholders	Time-Limited Need for Olaparib in Patients treated with three or more lines of platinum-based chemotherapy	Suggest to change to "…jurisdiction may consider addressing the short-term, time-limited need to offer olaparib to patients currently receiving their third or later line of platinum-based chemotherapy for the treatment of relapsed **platinum-sensitive** BRCA-mutated epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in complete or partial response to platinum-based chemotherapy"
2	Potential Next Steps For Stakeholders	(New subsection) Accessibility to olaparib in patients who received secondary cytoreductive surgery	Suggest to include: *Maintenance olaparib should be extended to patients with platinum-sensitive disease who received secondary cytoreductive surgery prior to the most recent chemotherapy course.* This is supported by the following in the pCODR Clinical Guidance Panel Report and SOLO2 **pCODR CGP report** *page 16* 2.2 Accepted Clinical Practice *Management of platinum-sensitive recurrences can include any combination of platinum based systemic therapies +/- bevacizumab and secondary cytoreductive surgery as appropriate.* *Pages .47-78* *6.3.2.2 Detailed Outcome data and Summary of Outcomes* *SOLO-2 Efficacy Outcomes* *Primary Outcomes – PFS* *The following subgroups were analysed for PFS - Prior cytoreductive surgery for most recent progression (Yes or No)*

			SOLO-2 Inclusion criteria 5b) For the last chemotherapy course immediately prior to randomisation on the study: • Patients must be, in the opinion of the investigator, in response (partial or complete radiological response), or may have no evidence of disease (if optimal cytoreductive surgery was conducted prior to chemotherapy), and no evidence of a rising CA-125, as defined below, following completion of this chemotherapy course Based on the above, patients who received secondary cytoreductive surgeries were included in SOLO-2.

3.2 Comments Related to the Registered Clinician(s) Input

Please provide feedback on any issues not adequately addressed in the initial recommendation based on registered clinician(s) input provided at the outset of the review on outcomes or issues important that were identified in the submitted clinician 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 program.

Examples of issues to consider include: Are there therapy gaps? Does the drug under review have any disadvantages? Stakeholders may also consider other factors not listed here.

Page Number	Section Title	Paragraph, Line Number	Comments related to initial registered clinician input

3.3 Additional comments about the initial recommendation document

Please provide any additional comments:

Page Number	Section Title	Paragraph, Line Number	Additional Comments

1 About Completing This Template

pCODR invites those registered clinicians 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.cadth.ca/pcodr 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.cadth.ca/pcodr 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 registered clinician(s) 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 clinician(s), agree with the recommended clinical population described in the initial recommendation, it will proceed to a final pERC recommendation two (2) Business Days after the end of the feedback deadline date. 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.

2 Instructions for Providing Feedback

a) Only registered clinician(s) that provided input at the beginning of the review of the drug can provide feedback on the initial recommendation. If more than one submission is made by the same registered clinician(s), only the first submission will be considered.

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 Clinician Feedback on a pERC Initial Recommendation* can be downloaded from the pCODR website. (See www.cadth.ca/pcodr for a description of the pCODR process and supporting materials and templates.)

d) At this time, the template must be completed in English. Registered clinician(s) 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

registered clinician(s) 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). 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.cadth.ca/pcodr and selecting "Submit Feedback" by the posted deadline date.

i) If you have any questions about the feedback process, please e-mail submissions@pcodr.ca. Information about pCODR may be found at www.cadth.ca/pcodr.

Note: Submitted feedback may be used in documents available to the public. The confidentiality of any submitted information cannot be protected.