



**pan-Canadian Oncology Drug Review
Provincial Advisory Group (PAG) Feedback on a
pCODR Expert Review Committee Initial
Recommendation**

**Pembrolizumab (Keytruda) for Metastatic
Melanoma**

November 16, 2015

3 Feedback on pERC Initial Recommendation

Name of the drug indication(s): Pembrolizumab (Keytruda) for Metastatic Melanoma

Endorsed by: Provincial Advisory Group Vice Chair

Feedback was provided by all 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 Agrees in part Disagree

Most PAG members providing feedback agree with the pERC initial recommendation. One member agrees in part with the recommendation and is seeking clarity of the patient population eligible for pembrolizumab.

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

All PAG members providing feedback support conversion of the initial recommendation to final pending clarification of patient population.

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	Paragraph 1, Sentence 2 and Paragraph 2, line 16	PAG suggests replacing “a BRAF inhibitor” with “BRAF mutation targeted therapies” in the statements containing “.... and if BRAF mutation positive, a BRAF inhibitor” and containing “and a BRAF inhibitor in BRAF mutant patients”.

Page Number	Section Title	Paragraph, Line Number	Comments and Suggested Changes to Improve Clarity
			BRAF mutation targeted therapies would add clarity and include treatment with BRAF inhibitor monotherapy or MEK monotherapy inhibitor or combination BRAF inhibitor + MEK inhibitor.
1	pERC Recommendation	Paragraph 1	PAG is requesting clarity around whether BRAF mutation positive patients must have previously failed a BRAF inhibitor <i>and</i> ipilimumab to be eligible for pembrolizumab.
1	pERC Recommendation	Paragraph 1, Sentence 2	PAG is requesting clarity on what "failed ipilimumab" means - is it disease progression during ipilimumab therapy or disease progression within 24 weeks of last ipilimumab dose?
1	pERC Recommendation	Last Paragraph 1	PAG would like clarification on the cost effectiveness estimates between the two indications - likely there is a difference in the estimated ICER between the ipilimumab-naïve population and the previously treated patients and therefore, a different price point may be needed depending on the treatment setting.
2	Potential Next Steps	Paragraph: Optimal sequencing	PAG is requesting that a statement to encourage development of national evidence-based guidelines to support optimal sequence of treatments

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

3.3 Additional comments about the initial recommendation document

Please provide any additional comments:

Page Number	Section Title	Paragraph, Line Number	Additional Comments
2	Potential Next Steps	Paragraphs: Transition to Vial Size to 100mg, Wastage and Budget Impact	PAG agrees that the 100mg vial size will increase wastage, especially in smaller provinces or centres in which there may only be 1 patient at one time on the therapy. The dose range for most patients will be between 140mg to 160mg. This will need to be addressed at pCPA

Page Number	Section Title	Paragraph, Line Number	Additional Comments
4	Summary of pERC Deliberations	Paragraph #1	PAG suggests adding the BRAF/MEK inhibitor combination, as this combination has been recommended and patients are receiving this combination through an access program.
4	Summary of pERC Deliberations	Paragraph 3, Line 7	PAG would like "short duration of follow-up" quantified, if possible
11	Drug and Condition Information	Current Standard Treatment	PAG suggests listing the dabrafenib / trametinib combination therapy
11	Drug and Condition Information	Limitations of Current Therapy	For the third bullet, suggest "Rapid progression following BRAF mutation targeted therapy (e.g. BRAF +/- MEK inhibitors)".

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.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 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.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. 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.