pan-Canadian Oncology Drug Review

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

Romidepsin (Istodax) for Peripheral T-Cell Lymphoma

May 19, 2015

3 Feedback on pERC Initial Recommendation

Name of the drug indication(s): Romidepsin (Istodax) for PTCL

Endorsed by: Provincial Advisory Group Chair

Feedback was provided by eight of 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

All PAG members providing feedback agree with the recommendation as there is a patient need identified for this aggressive disease. However, PAG noted that the review was based on non-comparative, non-randomized evidence and used duration of response as an indicator for net clinical benefit.

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. Recommendation does not require reconsideration by pERC.

_____ Do not support conversion to final recommendation. Recommendation should be reconsidered by pERC.

All PAG members support conversion of the initial recommendation to final.

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		There is uncertainty in the duration of treatment in patients who respond
2	Potential Next Steps		Prospective data collection will be difficult to obtain as there are not many patients with this aggressive histology.

Page Number	Section Title	Paragraph, Line Number	Comments and Suggested Changes to Improve Clarity
8	Drug Costs and	Paragraph 1	The cost calculated is a cost per mg but because wastage is going to be automatic for any patient above 1.4m^2. It may be more realistic to state the drug cost is going to be 3 vials at $23,238 including wastage.

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
8	Adoption Feasibility	Line 7	The summary indicates that use of a second vial is likely needed, when in fact, two vials are used for patients with a BSA of 1.4m^2 or less and three vials for patients with BSA greater than 1.4m^2. There will be significant wastage from the third vial. Suggest "a substantial amount of the partially used vial may be wasted".
9	Adoption Feasibility	Line 7	PAG is requesting clarification on use and data, if available, on sequencing (romidepsin after brentuximab or brentuximab after romidepsin) for patients who are also eligible for brentuximab

3.3 Additional comments about the initial recommendation document

Please provide any additional comments:

Page Number	Section Title	Paragraph, Line Number	Additional Comments
			Comments from one provincial disease site group: 1. Regarding overlap with brentuximab, clinicians would view PTCL as distinct from ALCL pathologically. Therefore, the treatments would not overlap. Having said that pathologists may struggle distinguishing between the 2. If the pathology is questionable but shows a T cell lymphoma and looks 'aggressive', then romidepsin would be reasonable. Along the same lines if the pathology is difficult and the cells are CD30+, then brentuximab would also be reasonable. 2. Regarding "one previous line" of therapy: In young patients, the goal would be an autologous SCT at time of relapse with romidepsin to follow for the post-transplant relapse. For the elderly, they may get combination chemo like CHOP and switch to romidepsin if intolerant or progressive. So the language of using it after one prior line is okay.

Page Number	Section Title	Paragraph, Line Number	Additional Comments
			3. The comments around cutaneous T cell are interesting. When drug is/was available from Celgene Compassionately, they specifically excluded cutaneous T cell lymphoma, although they have that indication in the US but not in Canada. For the Special Access Program, requests for CTCL were rejected. CTCL is largely mycosis fungoides, which is more prevalent and would invite a larger population. It is believed that CTCL would be outside of the pCODR review. So we would stick with PTCL as with the NOC.

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 re view 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.