pan-Canadian Oncology Drug Review

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

Crizotinib (Xalkori) Advanced NSCLC

October 4, 2012

1 Feedback on pERC Initial Recommendation

Name of the drug indication(s): Xalcori (Crizotinib)

Name of registered patient advocacy Lung Cancer Canada

1.1 Comments on the Initial Recommendation

- Please indicate if the patient advocacy group agrees or disagrees with the initial recommendation:

____ agrees ____ agrees in part X disagree

Please explain why the patient advocacy group agrees, agrees in part or disagrees with the initial recommendation.

Lung Cancer Canada (LCC) has three significant concerns with respect to the initial recommendation.

1. Delays in patient access

While deliberations continue, patients that have failed standard treatment options should considered as the main priority and be given access to Crizotinib.

2. LCC recognizes the lack of randomized data, however the available data was derived heavily in pre-treated patients who would normally be considered treatment resistant.

- Although the pertinent studies were appropriately conduced, pERC considered that the conclusions that could be drawn from non-randomized phase II studies were "limited". We disagree with this conclusion and acknowledge the need for randomized trials to assess the relative effectiveness of crizotnib in comparison to current standard treatments. These data will help inform the appropriate sequence of crizotinib and other standard therapies.

3. This is currently the only drug that can benefit ALK mutated patients.

- This is currently the only drug that has shown efficacy for this patient group. By denying patients access to this therapy for which they have shown benefit, will cause unnecessary burden and suffering. It is not fair or ethical to patients who have ALK positive lung cancer to deny them a drug that offers such benefit and should be made available to those who have failed other standard treatment options.

- 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.

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	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.

- 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	Initial Recommendation	1-line 9	The words, "pERC was unable to determine how Crizotinib compares with other treatments" This is deeply concerning to patient with ALK mutation a form of lung cancer that for all intents and purposes could be considered an orphan disease. This is currently the only treatment option that has demonstrated efficacy for ALK mutated patients. Without access, the burden and suffering is magnified. The patients included in 1001 and 1005 trials were in general- heavily pre treated Patients with no other standard treatment options. The expected median survival of these patients is approximately 4 months, with fewer than 10% at a 1-year survival and 2-year survival was 55%. It is hard to consider that this observed survival is just the play of chance or the result of selection issues.
1	Initial Recommendation	1-line 3	The words, "the committee was not confident of the net clinical benefit due to limitations in the evidence available from clinical trials." Our concern with this evaluation process is that it may not be relevant for newly defined ALK-adenocarinoma. There is currently no established standard therapy and chemotherapy is poorly suited for ALK patients.

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1.2 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.

Page Number	Section Title	Paragraph, Line Number	Comments related to initial patient advocacy group input
2	Summary of pERC deliberations	Paragraph 3 Line 1-3	LCC would like to outline once again for consideration the information provided in section 1.4 from our initial submission. *"Crizotinib represents a major advance for lung cancer patients. It is an extraordinary new, highly active and valuable oral treatment option for patients. Crizotinib has demonstrated vastly superior outcomes in terms of response rate, symptom improvement, progression-free and overall survival in ALK-positive advanced NSCLC patients at the end of life compared to what would be expected with chemotherapy in this patient population [15-19].* *Crizotinib is now the standard of care in advanced ALK+ NSCLC patients, and has been incorporated into the NCCN guidelines after FDA approval in August, 2011 [20]."* Without a conditional approval Canadian lung cancer patients will continue to suffer the burden of this disease. Other countries will approval include; USA, Japan, Korea, Mexico and Switzerland.
2	Summary of pERC deliberations	Paragraph 5 line 7-9	The words- "that some estimates suggested that the cost of screening patients for the ALK-mutation may actually be greater than the cost of treatment, due to the large number of patients who need to be screened." It was also noted ALK mutation testing is not currently available throughout Canada. Testing is available in Canada and it is our understanding that this testing was available at the time of initial submission.

**** The 3-page limit on feedback for initial recommendations was reached. As the instructions to completing this feedback form indicate, if comments submitted exceed three pages, only the first three pages of feedback will be forwarded to the pERC. ****

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About Completing This Template

pCODR invites those registered patient advocacy groups 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.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 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 patient advocacy groups 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 patient advocacy groups, agree with the recommended clinical population described in the initial recommendation, it will proceed to a final pERC 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 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.

Instructions for Providing Feedback

a) Only registered patient advocacy groups that provided input at the beginning of the review of the drug can provide feedback on the initial recommendation.

- Please note that only one submission per patient advocacy group is permitted. This applies to those groups with both national and provincial / territorial offices; only one submission for the entire patient advocacy group will be accepted. If more than one submission is made, only the first submission will be considered.
- Individual patients should contact a patient advocacy group that is representative of their condition to have their input added to that of the

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group. If there is no patient advocacy group for the particular tumour, patients should contact pCODR for direction at info@pcodr.ca.

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 Patient Advocacy Group 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. Patient advocacy groups 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 to their group. Similarly, groups 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). 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 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.pcodr.ca and selecting "Submit Feedback" by the posted deadline date.

i) If you have any questions about the feedback process, please e-mail info@pocr.ca. For more information regarding patient input into the pCODR drug review process, see the *pCODR Patient Engagement Guide*. Should you have any questions about completing this form, please email info@pcodr.ca

Note: Submitted feedback is publicly posted and also may be used in other documents available to the public. The confidentiality of any submitted information at this stage of the review cannot be guaranteed.

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