CADTH

Proposal to Integrate Key Functions of the Cancer Drug Implementation Advisory Committee into CADTH's pan-Canadian Oncology Drug Review Process

Proposal Objective

CADTH would like to invite stakeholder comments on a proposal to embed the functions of the Canadian Association of Provincial Cancer Agencies' (CAPCA) Cancer Drug Implementation Advisory Committee (CDIAC) into CADTH's pan-Canadian Oncology Drug Review (pCODR) process. This proposal is to support the harmonization of cancer drug funding decisions across Canada, and is part of our commitment to introducing greater transparency and stakeholder engagement to the cancer drug review process.

Background

CADTH is committed to support continuous process improvements that enhance efficiency and timeliness, and reduce duplication of effort. In December 2018, CADTH and CAPCA announced that we would be exploring how some of the implementation functions of CDIAC could be transferred to CADTH. The primary function of CDIAC is to provide advice (generally prior to the initiation of the pan-Canadian Pharmaceutical Alliance negotiations) about how new drugs can be integrated into a therapeutic area with currently funded drugs and how this impacts existing drugs within the treatment space to achieve greater consistency in drug funding decisions across Canada. CDIAC seeks and consolidates clinical expert opinion about potential conditions and criteria for funding by engaging site-specific (e.g., breast or lung) provincial tumour leaders and individual clinical experts.

CADTH, in collaboration with CAPCA, is proposing to integrate these key functions of CDIAC, including developing a provisional algorithm (see Appendix A for an illustrative example) for each new cancer drug or indication submitted to pCODR to indicate how the new therapy could be placed and potential sequencing of other existing therapies to better support decision-making. CADTH will leverage existing pCODR advisory bodies and guidance panels, with proposed changes to the composition (i.e., Provincial Advisory Group [PAG]) and responsibilities (i.e., pCODR Expert Review Committee [pERC], PAG, and Clinical Guidance Panel [CGP]), to support this work. It is important to note that these provisional algorithms are intended to further enhance transparency and to help stakeholders to better understand the cancer drug funding landscape in Canada. Inclusion of a provisional algorithm does not presuppose the outcome of a reimbursement recommendation by pERC and does not in any way bind participating jurisdictions to fund the new therapy or follow the final draft algorithm.

The proposed outcome of this work would be to:

- enhance the transparency of the pan-Canadian cancer drug review process
- improve greater stakeholder input into the development of provisional algorithms
- streamline and reduce duplication of administrative processes.

Highlights of Proposed Changes

With a view to the proposed integration of the new functions, there will be a number of changes that CADTH is proposing to make to the existing pCODR process; these will include operational changes to:

1. pCODR pre-submission requirements
2. pCODR submission requirements
3. pERC initial and final recommendation
4. terms of reference for PAG, CGP, and pERC mandate and membership.

Below are the key conceptual elements of the proposed revisions to the pCODR process:

1. Proposed Changes to pCODR Pre-submission Requirements

Before a drug submission is made to CADTH, the pCODR program works with the manufacturer or tumour group ("the submitter") to prepare them for the submission process. This preparation includes holding a pre-submission meeting with the submitter, setting up pCODR supports to assist both submitters and stakeholder groups through the review process, obtaining input from PAG, and notifying appropriate stakeholder groups of the pending review. It also involves determining the appropriate membership for CGP and economic guidance panel (EGP), as well as identifying additional resources and expertise that will be part of the review.

With the proposed integration of the new functions, the pCODR program will be supporting the development of a provisional algorithm applicable to a specific indication. As part of the proposal, the provisional algorithm will set out the current treatment options available for public funding across Canada, including if the new therapy is to be included as a funded treatment (if recommended) that will be submitted to the pCODR program along with other funded therapies in that therapeutic area. As part of developing the provisional algorithm, it is proposed that CADTH will seek input from different stakeholders along the continuum of the pCODR review process.

A large portion of this work will be initiated in this pre-submission period. As a first step, CADTH would propose that, as part of the advance notification, the submitter provide a completed pre-submission information form that would identify where in the current publicly funded treatment landscape the submitter would see their new therapy fit and to provide evidence (where available) that relates to how their new therapy could be sequenced in relation to other drugs based on the possible lines of therapies, if applicable. In addition, the submitter would be required to identify the relevant comparator(s) in the Canadian context. Both of these additions would be set out in the Pre-submission Information Requirements Form and a submitter would be required to complete this section at the time of providing the advance notification to the pCODR program. CADTH would also confer with PAG during this period.

Depending on the complexity of therapeutic area, it is proposed that CADTH may establish either an ad hoc clinical panel or distribute a questionnaire to clinical leads affiliated with a provincial cancer agency through an online survey for comment to support the development of a provisional algorithm based on their knowledge of the best scientific evidence in practice. It is proposed that the ad hoc panel be composed of the designated physician lead of each provincial cancer drug program or tumour group lead. Input from this panel may include advice about the appropriateness and feasibility of the provisional algorithm and sequencing of existing and new therapies that may be under review by pCODR and the appropriateness and feasibility of a choice between therapeutic options, as well as the implications of potential choices, including consideration of implementation factors and potential trade-offs that may need to be made. This information would be carried through the submission process to support the review and would be shared with CGP, PAG, and pERC.

We believe that by initiating this work early in the process, it will help to inform the preliminary discussion on potential sequencing issues and determine the appropriate comparator(s) (because the comparator in the pivotal trial is often not the most relevant comparator in the Canadian context due to the quickly evolving landscape of cancer drugs). It is proposed that this information would be discussed at the pre-submission meeting with the submitter to provide guidance about the new therapy, including the approach to the economic evaluation.

In order to support this additional work, it is critical that the pCODR program be provided with sufficient time to manage and support the aforementioned activities. Currently, submitters are requested to notify the pCODR program by providing a completed pre-submission information form at least 120 calendar days before the anticipated date of filing a complete submission or resubmission. It is crucial that this timeline be adhered to, as a cut to this preparation timeline could have significant impact on the review with this proposed additional work. As a possible option, CADTH would propose making the 120 pre-submission notification mandatory. CADTH would welcome hearing from stakeholders about the implications of this proposal or other options that could be considered to ensure the 120 day pre-submission requirement is met.

Public notification by the pCODR program of a pending submission will continue to remain at one month prior to the anticipated submission being filed with the pCODR program. As part of the notification to patient groups and registered clinicians, CADTH would propose to incorporate specific questions that would relate to the development of the provisional algorithm, where applicable, in

addition to the standard set of questions. For example, this could include a question for clinicians to indicate what the desired sequence of treatment could be if the new therapy is added and the evidence to support that sequencing, if available. To support a better understanding of the patient experience and perspective, patients who have experience with the new therapy could be asked to share their journey about the treatments that they have taken prior to and after (if available) their experience with the new therapy. This information would help the committee and participating jurisdictions be informed about the sequence of treatments that a patient is using in the real-world context that demonstrates marked improvement and effectiveness, or that is not working.

2. Proposed Changes to pCODR Submission Requirements

CADTH continues to commit to 180 calendar days from the time a submission is deemed complete to the posting of the initial pERC recommendation. Maintaining an efficient review timeline is a shared responsibility of all participants in the process. As such, the filing of a submission in a timely manner is essential, as this initiates the review steps of the pCODR process, including determining the deadline for input from patient groups and registered clinicians, scheduling of meetings (e.g., review team, checkpoint), and determining when the submission would be brought forward on a pERC meeting agenda. Not filing based on the confirmed date provided by a submitter could cause significant challenges, in particular where there may be periods of high volume within the system. We would encourage submitters to make best efforts to mitigate uncertainties with the filing date as this is within the full control of the submitter. Ensuring timely decisions requires the collaboration of all participants in the pCODR process. It would be important to hear from stakeholders on options to consider for providing more certainty with regards to the filing date.

In addition to providing timely submissions, it is also essential that submitters provide complete information, as set out in the *pCODR Submission Guidelines*. In cases where a submitter does not provide the required information, the submission will be deemed incomplete and this will cause a delay with the review. Because the relevant comparator(s) and identifying where the new therapy would fit into the current publicly funded treatment landscape is important to inform the development of the provisional algorithm and the clinical and economic review, it is proposed that this information will be included as a new requirement for a submission to be deemed complete.

As the submission goes through the steps of pCODR's review process, the provisional algorithm would continue to be developed, which would include comments from registered clinicians and patients, as well as information from the submission. This information, along with the input from the ad hoc panel or survey results (as applicable) would be provided to CGP as part of the review for its comment. Input from CGP and ad hoc clinical or online survey results regarding the provisional algorithm would be shared with PAG to support the implementation issues. This information would also be shared with the CAPCA Board of Directors, through the CAPCA representative and, for individual provincial cancer agencies, by their representative on PAG, for review and consideration.

The pERC briefing materials, including the implementation issues and the provisional algorithm, would be brought forward to pERC. There would be no changes to the deliberative framework or recommendation framework. A key change at this step of the process would be for pERC to comment on whether there are opportunities for additional data collection to inform the provisional algorithm, and, if the recommendation is a positive or conditional reimbursement recommendation, to offer an opinion on the provisional algorithm. This information would be shared with stakeholders through public posting as part of the initial recommendation.

3. Proposed Changes to pERC Initial and Final Recommendation

The pERC initial recommendation would be posted and all eligible stakeholders (e.g., submitter, patient group, registered clinician, and PAG) who participated at the outset of the review would continue to be eligible to provide feedback within a 10–business day period. Where it is a positive or conditional reimbursement recommendation, it is proposed that as part of the posting of the pERC initial recommendation, CADTH would include the provisional algorithm for stakeholders to provide comment. To ensure that we achieve greater consistency with implementation issues across Canada, CAPCA through PAG (see the following proposed composition change), will also have an opportunity to identify implementation issues, including providing comments on the provisional algorithm and to support the implementation proposal as part of the advice to the participating jurisdictions. There are many factors that go into the decision of a participating jurisdiction to fund a cancer drug. These include, but are not limited to, its specific patient population, available budget, and local health system priorities. A pERC recommendation is but one of the many factors that will be considered prior to a funding commitment.

4. Proposed Changes to Terms of Reference for PAG, pERC, and CGP

CADTH is proposing making changes to the terms of reference to PAG, pERC, and CGP. There will be no change to the composition of pERC or CGP; administrative changes could be made to provide clarity on responsibilities.

PAG currently provides advice, works with the pCODR program on operational issues, informs policy direction, and raises implementation issues through the health technology assessment process for consideration by pERC. Specifically, for PAG, it is proposed that the composition be expanded to include a CAPCA representative and clinician(s) who have responsibilities for treating patients and making system therapy funding recommendations or decisions for a provincial cancer program. This proposed membership addition would further strengthen the linkages with the provincial cancer programs and the network to connect with provincial clinical leads and the local level. It is also proposed that PAG's mandate be extended to include the responsibility to identify and to consider implementation issues in cases where there is no evidence for pERC to consider but where best clinical advice could inform a decision that is made by the participating jurisdictions in order to publicly reimburse a drug.

We will continue to monitor for ongoing process improvements, including considering future changes to the mandate and responsibilities of EGP.

How to Submit

Please submit your written comments using the Survey Monkey feedback template by **March 28, 2019, at 5:00 p.m. EDT**. All comments submitted by the deadline will be carefully considered and used to inform the proposed changes to CADTH's pCODR process. We thank you in advance for your interest and participation.

Appendix A: Illustrative Example of a Provisional Algorithm for a Cancer Indication

Example of a Cancer Indication With an Identified Mutation