

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

Ipilimumab (Yervoy) for First Line Advanced Melanoma

December 22, 2014

# 3 Feedback on pERC Initial Recommendation

Name of t	ne drug indication(s):	Ipilimumab (Yervoy) for first-line advanced melanoma				
Endorsed	oy:	Provincial Advisory Group Chair				
r <del></del>						
	was provided by seven participating in pCOE	•	(Ministries of Hea	alth and/or provincial cancer		
agonoros	participating in pool					
3.1 Cor	nments on the Initial R	ecommendation				
a)	<ul> <li>a) Please indicate if the PAG (either as individual PAG members and/or as a group) agrees or disagrees with the initial recommendation:</li> </ul>					
	X Agrees	Agr	ees in part	Disagree		
	ix of the seven memb	ers providing feedb	ack agree with th	e pERC recommendation and		
t	he findings outlined tl	nat İpilimumab at a	3mg/kg dose in t	he first line setting provides a		
r	net clinical benefit but	is not cost-effective	ve.			
	One member providing feedback 'agreed in part' with the recommendation as they felt					
				sessment of the 10mg/kg dose by noted that funding may be		
				n the pERC recommendation		
	does not succinctly address why this was not considered. PAG noted that this issue around potential for dose creep may not be resolved in the context of an early conversion.					
po	ntential for dose creep	may not be resolved	in the context of	an earry conversion.		
I- \	Naturialisata isalisa satisa 6			and indicate if the DAC		
b)				ease indicate if the PAG al pERC recommendation		
	("early conversion"),			ness days of the end of the		
	consultation period.	t- 6'I	Dt			
	X_ Support conversi recommendation			upport conversion to final endation.		
	Recommendation	n does not require	Recomm	endation should be		
	reconsideration I	by pERC.	reconsid	ered by pERC.		
ΔΙ	I PAG members support	conversion of the ini	tial recommendation	on to final.		
	- The members support					

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		Paragraph,	Comments and Suggested Changes to Improve
Number	Section Title	Line Number	Clarity
1	pERC Recommendation	1, last sentence	There is a statement pertaining to patients with melanoma and brain metastases. If relevant and appropriate, PAG requested if the recommendation could apply to patients with
1	Recommendation		ocular and mucosal disease?
2	Next Steps	2, last line	PAG sought to understand if pERC was suggesting a resubmission once comparative data of the 3mg/kg and 10mg/kg doses becomes available from Study CA 184-169. Members expressed concern that the cost-effectiveness of ipilimumab could be very different in the future, depending on the safety and efficacy results from this study particularly if funding is sought for 10mg/kg in the future.
2	Next Steps	3	PAG members noted that pERC did not make a specific recommendation for re-induction, but rather as a "next steps for stakeholders". Additional clarity was requested to make it more explicit as to why pERC determined re-induction would not be suitable for the recommendation, which is where pERC situated re-induction in its previous review of ipiliumumab in the 2 <sup>nd</sup> line setting

#### 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	Section Title	Paragraph,	Comments related to initial PAG input
Number		Line Number	

#### 3.3 Additional comments about the initial recommendation document

Please provide any additional comments:

Page	Section	Paragraph,	Additional Comments
Number	Title	Line Number	

### **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 <a href="www.pcodr.ca">www.pcodr.ca</a> 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 <a href="https://www.pcodr.ca">www.pcodr.ca</a> 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 <a href="www.pcodr.ca">www.pcodr.ca</a> 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.