

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

Abiraterone (Zytiga) for metastatic Castration-Resistant Prostate Cancer

October 22, 2013

# 3 Feedback on pERC Initial Recommendation

Abiraterone (Zytiga) i cancer	for metastatic castration-resistant prostate	
Provincial Advisory Group Vice Chair		
	(Ministries of Health and/or provincial cancer	
e PAG (either as individua e initial recommendation agrees in		
nitial recommendation pr	rt a) above, please indicate if the PAG oceeding to final pERC recommendation in 2(two) business days of the end of the	
on. on does not require	Do not support conversion to final recommendation.  Recommendation should be reconsidered by pERC.	
pack on the initial recom	mendation. Is the initial recommendation (e.g., clinical and economic evidence)	
	Provincial Advisory Generated and the nine provinces or of the nine province or of the nine provinces or o	

Page Number	Section Title	Paragraph, Line Number	Comments and Suggested Changes to Improve Clarity
1	pERC Recommendation	Parag 1, Line 5	"after failure of androgen deprivation therapy (ADT)" - should this be specified as in the clinical trial?
2	Potential Next	Paragraph 2,	Further clarification of sequencing is requested.

Page		Paragraph,	Comments and Suggested Changes to Improve
Number	Section Title	Line Number	Clarity
	Steps	Line 5	
	Potential Next		Suggest removing " collaboration among provinces to develop a common approach" would be of value as this is viewed as being
2	Steps	Last sentence	prescriptive.

### 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	Summary of	1	As many prescribers will likely be urologists, PAG
	pERC		would like identification of what androgen
	Deliberations		deprivation therapy was used in the trial and the
			definition of "failure of ADT".
			Please comment on treatment of patients with ECOG
			2 in the first-line setting since in Ontario abiraterone
			is funded in the second-line setting for patients with
			ECOG <u>&lt;</u> 2.
			Is it possible for pERC to provide guidance on stopping
			parameters?

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

Please provide any additional comments:

Page	Section Title	Paragraph,	Additional Comments
Number		Line Number	
4	Evidence in	Patient	PAG noted that the word "not" should be left out.
	Brief, Overall	Population,	
	Clinical	Last sentence	
	Benefit		
4	Evidence in	Patient	Recently released Canadian CRPC guidelines position
	Brief, Overall	Population	abiraterone as first-line treatment for asymptomatic
	Clinical		metastatic CRPC, while docetaxel is for symptomatic
	Benefit		patients. Can pERC provide specific advice on how to
			define "mildly symptomatic" (but not symptomatic
			enough to be treated with docetaxel)?

## **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.