

CADTH REIMBURSEMENT REVIEW

Stakeholder Feedback on Draft Recommendation

NIVOLUMAB-IPILIMUMAB (Opdivo-Yervoy)

(Bristol-Myers Squibb)

Indication: Malignant Pleural Mesothelioma

July 2, 2021

Disclaimer: The views expressed in this submission are those of the submitting organization or individual. As such, they are independent of CADTH and do not necessarily represent or reflect the view of CADTH. No endorsement by CADTH is intended or should be inferred.

By filing with CADTH, the submitting organization or individual agrees to the full disclosure of the information. CADTH does not edit the content of the submissions.

CADTH does use reasonable care to prevent disclosure of personal information in posted material; however, it is ultimately the submitter's responsibility to ensure no identifying personal information or personal health information is included in the submission. The name of the submitting stakeholder group and all conflicts of interest information from individuals who contributed to the content are included in the posted submission.



Stakeholder information							
CADTH project number	PC0229-000						
Brand name (generic)	e (generic) Opdivo-Yervoy (Nivolumab-Ipilimumab)						
Indication(s) OPDIVO, in combination with ipilimumab, is indicated for the first-line treatment of adult patients with unresectable malignant pleural mesothelioma.							
Organization	Lung Cancer Canada – Clinician Group						
Contact Information							
Stakeholder agreement wi	th the draft recommendation						
1. Does the stakeholder ac	ree with the committee's recommendation.	Yes	\boxtimes				
	eholder agrees or disagrees with the draft recommendation. W	No					
recommendation will help	The Lung Cancer Canada clinician group thanks CADTH for this recommendation. This recommendation will help address the unmet need for this aggressive form of lung cancer in this group of patients. We support conversion to final recommendation.						
Expert committee consideration of the stakeholder input							
	on demonstrate that the committee has considered the our organization provided to CADTH?	Yes No					
If not, what aspects are miss	If not, what aspects are missing from the draft recommendation?						
Clarity of the draft recomm	nendation						
3. Are the reasons for the	recommendation clearly stated?	Yes	\boxtimes				
		No					
If not, please provide details	regarding the information that requires clarification.						
	n issues been clearly articulated and adequately	Yes	\boxtimes				
addressed in the recom	mendation?	No					
if not, please provide details	If not, please provide details regarding the information that requires clarification.						
	regarding the information that requires clarification. mbursement conditions clearly stated and the rationale	Yes	\boxtimes				
for the conditions provide	regarding the information that requires clarification.	Yes No					

A QALY of \$50,000 has been recommended as a threshold for this treatment. This threshold is unreasonable and unfairly punishes personalized oncology drugs. Patients with malignant pleural mesothelioma make up a small population of lung cancer patients and such the threshold used for larger population should not be applicable to smaller population such as this submitted drug. We ask CADTH to reconsider this threshold level.

Unlike previous recommendations, Lung Cancer Canada was unable to review the full clinical and economic guidance, which help guide the feedback being provided. This information helps provide a clearer picture and explanation of the decisions taken. We hope to be provided with this information before the final recommendation is made.

^a CADTH may contact this person if comments require clarification. Contact information will not be included in any public posting of this document by CADTH.

Appendix 1. Conflict of Interest Declarations for Patient Groups

- To maintain the objectivity and credibility of the CADTH drug review programs, all participants in the drug review processes must disclose any real, potential, or perceived conflicts of interest.
- This conflict of interest declaration is required for participation. Declarations made do not negate or preclude the use of the feedback from patient groups and clinician groups.
- CADTH may contact your group with further questions, as needed.
- Please see the <u>Procedures for CADTH Drug Reimbursement Reviews</u> for further details.

A. Patient Group Information							
Name	Christina Sit						
Position	Director, Programs and Stakeholder Relations						
Date	Please add the date form was completed (21-05-2021)						
☑ I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this patient group with a company, organization, or entity that may place this patient group in a real, potential, or perceived conflict of interest situation.							
B. Assistan	ce with Providing Feedback						
1 Did you	receive help from outside you	r patient grou	n to complete v	our foodback?	No	\boxtimes	
1. Did you	receive help from outside you	i patient grou	p to complete y	our reeuback?	Yes		
	e detail the help and who provide						
	receive help from outside you	r patient grou	p to collect or a	ınalyze any	No	\boxtimes	
	information used in your feedback?						
if yes, pleas	If yes, please detail the help and who provided it.						
	C. Previously Disclosed Conflict of Interest						
	onflict of interest declarations				No		
	ed at the outset of the CADTH ged? If no, please complete se			rations remaine	d Yes		
D. New or U	Ipdated Conflict of Interest Dec	laration					
	/ companies or organizations t o years AND who may have dir		interest in the	drug under revi	ew.	over the	
				priate Dollar Ra	nge		
Company		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Exces \$50,000	s of	
Add compar	ny name				[
Add compar	ny name				[
Add or remo	Add or remove rows as required						

Appendix 2. Conflict of Interest Declarations for Clinician Groups

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- CADTH may contact your group with further questions, as needed.
- Please see the Procedures for CADTH Drug Reimbursement Reviews for further details.
- For conflict of interest declarations:
 - Please list any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.
 - Please note that declarations are required for each clinician that contributed to the input.
 - If your clinician group provided input at the outset of the review, only conflict of interest declarations
 that are new or require updating need to be reported in this form. For all others, please list the
 clinicians who provided input are unchanged
 - Please add more tables as needed (copy and paste).
 - All new and updated declarations must be included in a single document.

A. Assistance with Providing the Feedback		
2. Did you receive help from outside your clinician group to complete this submission?	No	\boxtimes
	Yes	
If yes, please detail the help and who provided it.		
3. Did you receive help from outside your clincian group to collect or analyze any	No	\boxtimes
information used in this submission?	Yes	
If yes, please detail the help and who provided it.		
B. Previously Disclosed Conflict of Interest		
4. Were conflict of interest declarations provided in clinician group input that was	No	
submitted at the outset of the CADTH review and have those declarations remained	Yes	\boxtimes
unchanged? If no, please complete section C below.		
If yes, please list the clinicians who contributed input and whose declarations have not changed:		
Clinician 1		
Clinician 2		
Add additional (as required)		

C. New or Updated Conflict of Interest Declarations

New or Up	dated Declaration for Clinician 1		
Name	Please state full name		
Position	Please state currently held position		
Date	Please add the date form was completed (DD-MM-YYYY)		
	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.		
Conflict of Interest Declaration			

Company		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000	
Add company name						
Add company name						
Add or remove rows as required						
<u> </u>						
New or Up	New or Updated Declaration for Clinician 2					
Name	Please state full name					
Position	Please state currently held position					
Date	Please add the date form was d	<u> </u>	•			
	I hereby certify that I have the	-				
	matter involving this clinician or			•	•	
	place this clinician or clinician g	roup in a real,	potential, or perce	eived conflict of in	terest situation.	
Conflict of	Interest Declaration					
	mpanies or organizations that have				er the past two	
years AND	who may have direct or indirect i	nterest in the d				
				riate Dollar Rang		
Company		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000	
Add compa	any name					
Add compa	any name					
Add or rem	ove rows as required					
New or Up	dated Declaration for Clinician	3				
Name	Please state full name					
Position	Please state currently held posi-					
Date	Please add the date form was d		,			
\boxtimes	I hereby certify that I have the	-				
	matter involving this clinician or			•		
	place this clinician or clinician g	roup in a real,	potential, or perce	eived conflict of in	terest situation.	
Conflict of	Interest Declaration					
	mpanies or organizations that have				er the past two	
years AND who may have direct or indirect interest in the drug under review. Check Appropriate Dollar Range						
Company	Company		\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000	
Add compa	any name		10,000 		\$50,000	
Add compa	<u> </u>					
Add or rem	ove rows as required					

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Check Appropriate Dollar Range

☐ I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.							
Conflict of	Conflict of Interest Declaration						
List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.							
			Check Approp	riate Dollar Ranç	ge		
Company		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000		
Add compa	nny name						
Add compa	ny name						
Add or rem	ove rows as required						
New or Up	dated Declaration for Clinician	5					
Position	Please state currently held pos	ition					
Date	Please add the date form was o		MM-YYYY)				
Conflict of	Interest Declaration						
List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.							
				riate Dollar Rang			
Company		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000		
Add compa	nny name						
Add compa	nny name						
Add or rem	Add or remove rows as required						

New or Updated Declaration for Clinician 4

Please state full name

Please state currently held position

Please add the date form was completed (DD-MM-YYYY)

Name

Date

Position



Stakeholder information					
CADTH project number	PC0229-000				
Brand name (generic)	Nivolumab-ipilimumab (Opdivo-Yersoy)				
Indication(s)	Indications: OPDIVO, in combination with ipilimumab, is indicated for the first-line treatment of adult patients with unresectable malignant pleural mesothelioma. Manufacturer Requested Reimbursement Criteria: OPDIVO, in combination with ipilimumab for the first-line treatment of patients with unresectable malignant pleural mesothelioma.				
Organization	Ontario Health (Cancer Care Ontario) Lung Cancer Drug Advi Committee (DAC)	isory			
Contact information ^a	Name: Dr. Gail Darling				
Stakeholder agreement w	ith the draft recommendation				
1. Does the stakeholder agree with the committee's recommendation. Please explain why the stakeholder agrees or disagrees with the draft recommendation. Whenever possible, please identify the specific text from the recommendation and rationale. Nivo-ipi represents more effective treatment for mesothelioma.					
1					
Expert committee conside	eration of the stakeholder input				
Does the recommendati stakeholder input that y	on demonstrate that the committee has considered the our organization provided to CADTH? sing from the draft recommendation?	Yes No			
Does the recommendati stakeholder input that y	on demonstrate that the committee has considered the our organization provided to CADTH? sing from the draft recommendation?	No			
Does the recommendation stakeholder input that your life not, what aspects are misself. Clarity of the draft recommendation stakeholder input that your life input that you	on demonstrate that the committee has considered the our organization provided to CADTH? sing from the draft recommendation?				
Does the recommendation stakeholder input that your life not, what aspects are missed clarity of the draft recommendation. Are the reasons for the stakeholder input that your life input th	on demonstrate that the committee has considered the our organization provided to CADTH? sing from the draft recommendation? nendation	No Yes			

4. Have the implementation issues been clearly articulated and adequately		\boxtimes				
addressed in the recommendation?	No					
If not, please provide details regarding the information that requires clarification.						
The Lung DAC acknowledges the trial exclusions, but excluding patients treated by prior surgery and IMRT doesn't appear to have strong rationale.						
5. If applicable, are the reimbursement conditions clearly stated and the rationale	Yes	\boxtimes				
for the conditions provided in the recommendation?						
If not, please provide details regarding the information that requires clarification.						

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 - Please note that declarations are required for each clinician that contributed to the input.
 - If your clinician group provided input at the outset of the review, only conflict of interest declarations
 that are new or require updating need to be reported in this form. For all others, please list the
 clinicians who provided input are unchanged
 - Please add more tables as needed (copy and paste).
 - All new and updated declarations must be included in a single document.

A. Assistance with Providing the Feedback		
1. Did you receive help from outside your clinician group to complete this submission?	No	
	Yes	X
If yes, please detail the help and who provided it.		
OH-CCO provided secretariat support to the DAC in completing this input.		
2. Did you receive help from outside your clincian group to collect or analyze any	No	\boxtimes
information used in this submission?	Yes	
If yes, please detail the help and who provided it.		
B. Previously Disclosed Conflict of Interest		
3. Were conflict of interest declarations provided in clinician group input that was	No	\boxtimes
3. Were conflict of interest declarations provided in clinician group input that was submitted at the outset of the CADTH review and have those declarations remained	No Yes	
 Were conflict of interest declarations provided in clinician group input that was submitted at the outset of the CADTH review and have those declarations remained unchanged? If no, please complete section C below. 		
3. Were conflict of interest declarations provided in clinician group input that was submitted at the outset of the CADTH review and have those declarations remained unchanged? If no, please complete section C below. If yes, please list the clinicians who contributed input and whose declarations have not changed:		
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3. Were conflict of interest declarations provided in clinician group input that was submitted at the outset of the CADTH review and have those declarations remained unchanged? If no, please complete section C below. If yes, please list the clinicians who contributed input and whose declarations have not changed: • Dr. Gail Darling • Dr. Andrew Robinson • Dr. Stacey Hubay		

C. New or Updated Conflict of Interest Declarations

New or Up	New or Updated Declaration for Clinician 1		
Name	Dr. Natasha Leighl		
Position	Medical Oncologist		
Date	18-June-2021		

\boxtimes	I hereby certify that I have the authority to disclose all relevant information with respect to any
	matter involving this clinician or clinician group with a company, organization, or entity that may
	place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Conflict of Interest Declaration

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

	Check Appropriate Dollar Range			
Company	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
BMS				
Add company name				
Add or remove rows as required				

New or Up	New or Updated Declaration for Clinician 2			
Name	Please state full name			
Position	Please state currently held position			
Date	Please add the date form was completed (DD-MM-YYYY)			
	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.			

Conflict of Interest Declaration

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

		Check Approp	riate Dollar Rang	ge
Company	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Add company name				
Add company name				
Add or remove rows as required				

New or Up	dated Declaration for Clinician	3			
Name	Please state full name				
Position	Please state currently held posit	tion			
Date	Please add the date form was co	ompleted (DD-MM-YYYY)			
⊠	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.				
Conflict of	Conflict of Interest Declaration				
List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.					
Company		Check Appropriate Dollar Range			

	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Add company name				
Add company name				
Add or remove rows as required				

New or Updated Declaration for Clinician 4					
Name	Please state full name				
Position	Please state currently held posi-	ition			
Date	Please add the date form was completed (DD-MM-YYYY)				
Conflict o	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation. of Interest Declaration				
List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.					
	Check Appropriate Dollar Range				
Company	Company		\$5,001 to	\$10,001 to	In Excess of
			10,000	50,000	\$50,000

New or Up	New or Updated Declaration for Clinician 5			
Name	Please state full name			
Position	Please state currently held position			
Date	Please add the date form was completed (DD-MM-YYYY)			
	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.			

Conflict of Interest Declaration

Add company name

Add company name

Add or remove rows as required

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

		Check Approp	riate Dollar Ranç	je
Company	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Add company name				
Add company name				
Add or remove rows as required				

CADTH Reimbursement Review

Feedback on Draft Recommendation

	41			
Stakeholder information				
CADTH project number		PC0229-000		
Name of the drug a	ınd	OPDIVO, in combination with ipilimumab, is indicated for the first-l	ine	
Indication(s)		treatment of adult patients with unresectable malignant pleural		
		mesothelioma.		
Organization Provid	ding	PAG		
Feedback				
1. Recommendat	ion rovid	nione.		
		sions colder requires the expert review committee to reconsider or clari	fv its	
recommendation.	io staitor	ionadi roquires the expertitorion committee to reconstact of claim	19 113	
		evisions: A change in recommendation category or patient		
Request for	popula	tion is requested		
Reconsideration	Minor r	revisions: A change in reimbursement conditions is requested		
	Editorial revisions: Clarifications in recommendation text are			
No Request for Reconsideration	request	ed	Х	
Reconsideration	No req	No requested revisions		
		lation category or conditions or or minor revisions are requested		
None.	OII II IIIaj	of of fillinor revisions are requested		
None.				
3. Clarity of the r	ecomme	endation		
		orial revisions are requested for the following elements		
a) Recommendat		i		
•		ving revision in the background section of the draft recommendate	tion	
		ntinued in clinically stable patients with initial evidence of disease		
progression, until disease progression or maximum of 2 years of therapy, whichever occurs first."				

b) Reimbursement conditions and related reasons

In previous recommendations for tumours with nivolumab ipilimumab, the condition for an ECOG PS was 0 or 1. PAG is asking for confirmation on ECOG PS.

c) Implementation guidance

PAG is requesting clarification on the retreatment parameters. Should it be consistent with the Nivolumab-Ipilimumab for NSCLC where there is a 1 year retreatment for the combination? Is the 6 month disease-free interval required when prior immunotherapy retreatment policies do not specify this?



Stakeholder information							
CADTH project number	PC0229-000						
Brand name (generic)	Opdivo-Yervoy (Nivolumab-Ipilimumab)						
Indication(s)	OPDIVO, in combination with ipilimumab, is indicated for the first-line						
	treatment of adult patients with unresectable malignant pleura	al					
	mesothelioma.						
Organization	Lung Cancer Canada – Patient Group						
Contact Information	Name: Christina Sit						
Stakeholder agreement wi	th the draft recommendation						
1 Does the stakeholder as	ree with the committee's recommendation?	Yes	\boxtimes				
		No					
	eholder agrees or disagrees with the draft recommendation. We specific text from the recommendation and rationale.	/henev	er				
	atient Group thanks CADTH for recommending nivolumab in						
	ab for the first-line treatment of adult patients' unresectable						
	lioma. This will help provide treatment access to this group	от раті	ents				
with a high unmet need. Lo	with a high unmet need. LCC also supports conversion to final recommendation.						
Export committee consider	eration of the stakeholder input						
•		Yes	\boxtimes				
	on demonstrate that the committee has considered the our organization provided to CADTH?	No					
	sing from the draft recommendation?	INO					
in riot, what apposts are mis-	ong nem the trait recommendation.						
Clarity of the draft recomm	nendation						
2 Are the reasons for the	recommendation elegably stated?	Yes	\boxtimes				
5. Are the reasons for the	recommendation clearly stated?	No					
If not, please provide details regarding the information that requires clarification.							
	n issues been clearly articulated and adequately	Yes	\boxtimes				
addressed in the recom	mendation?	No					
	mbursement conditions clearly stated and the rationale	Yes	\boxtimes				
<u> </u>	ded in the recommendation?	No					
If not, please provide details	regarding the information that requires clarification.						
Reimbursement Conditions	5:						

CADTH noted this treatment would be considered cost-effective at \$50,000 per QALY threshold. LCC believes this threshold would be unreasonable because unlike non-oncology drugs, in oncology and specifically with personalized medicine smaller groups and fewer patients are being treated. LCC hopes CADTH reconsiders this threshold.

The patient group would also like to note the inability to review the full clinical and economic guidance. This guidance provides detailed information on the decision process and aids in the feedback provided. We hope CADTH reverts back to providing this information for review.

^a CADTH may contact this person if comments require clarification. Contact information will not be included in any public posting of this document by CADTH.

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A. Patient G	roup Information					
Name	Christina Sit					
Position	Director, Programs and Stakeholder Relations					
Date	Please add the date form was completed (21-05-2021)					
B. Assista	nce with Providing Feedl	back				
					No	\boxtimes
1 Did you	receive help from outside you	ır natient grou	n to complete v	our feedback?	Ye	
Dia you	receive neip nein euterue yeu	n pationt grou	p to complete y	our rooubuon		
16					S	i .
if yes, piea	ase detail the help and who	provided it.				
2 Did you	rossive help from outside you	r nationt arou	n to collect or a	nalyzo any	No	\boxtimes
2. Did you receive help from outside your patient group to collect or analyze any information used in your feedback?				Ye		
moma	non asca in your recasaon.				s	
If yes, plea	ase detail the help and who	provided it.				
	usly Disclosed Conflict of					
	onflict of interest declarations				No	
	ed at the outset of the CADTH			ations remaine	d Ye	\boxtimes
uncnan	ged? If no, please complete se	ction D below	•		s	
D. New or U	pdated Conflict of Interest Dec	claration			Ü	
3. List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.						
Check Appropriate Dollar Range						
Company	Company \$0 to 5,000 \$5,001 to \$10,001 to \$50,000 \$50,000					s of
Add compan	y name				[
Add compan	y name					
Add or remo	ve rows as required	П	П	П		П

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A. Assistance with Providing the Feedback		
2. Did you receive help from outside your clinician group to complete this submission?	No	\boxtimes
	Ye	
	S	
If yes, please detail the help and who provided it.		
3. Did you receive help from outside your clinician group to collect or analyze any	No	\boxtimes
information used in this submission?	Ye	
	S	
If yes, please detail the help and who provided it.		
B. Previously Disclosed Conflict of Interest		
4. Were conflict of interest declarations provided in clinician group input that was	No	
submitted at the outset of the CADTH review and have those declarations remained unchanged? If no, please complete section C below.	Ye	\boxtimes
anonangea. Il no, pieuse compiete scotton e scion.	S	
If yes, please list the clinicians who contributed input and whose declarations have r	ot	
changed:		
Clinician 1 Clinician 2		
 Clinician 2 Add additional (as required) 		
- Add additional (as required)		

C. New or Updated Conflict of Interest Declarations

New or Up	New or Updated Declaration for Clinician 1		
Name	Please state full name		
Position	Please state currently held position		

Date	Please add the date form was d	, ,	,		
	I hereby certify that I have the	•			
	matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.				
	place this clinician or clinician g	roup in a real, _l	potential, or perce	eived conflict of inf	terest situation.
Conflict of	Interest Declaration				
List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.					
	Check Appropriate Dollar Range				
Company		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Add compa	ny name				
Add compa	ny name				
Add or rem	ove rows as required				
	dated Declaration for Clinician	2			
Name	Please state full name				
Position	Please state currently held posi		1414 10000		
Date	Please add the date form was of I hereby certify that I have the		,	information with r	concet to any
	matter involving this clinician or	•			
	place this clinician or clinician g			_	
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Conflict of	Interest Declaration				
	mpanies or organizations that haw who may have direct or indirect i				r the past two
			Check Approp	riate Dollar Rang	je
Company		\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Add compa	ny name				
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Add or rem	ove rows as required				
	dated Declaration for Clinician	3			
Name	Please state full name				
Position	Please state currently held position				
Date	Please add the date form was completed (DD-MM-YYYY) I hereby certify that I have the authority to disclose all relevant information with respect to any				
	I hereby certify that I have the	authority to dis	ciose all relevant	information with r	espect to any

matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Check Appropriate Dollar Range

List any companies or organizations that have provided your group with financial payment over the past two

years AND who may have direct or indirect interest in the drug under review.

Conflict of Interest Declaration

Company

	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Add company name				
Add company name				
Add or remove rows as required				

New or Up	dated Declaration for Clinician 4	
Name	Please state full name	
Position	Please state currently held position	
Date	Please add the date form was completed (DD-MM-YYYY)	
	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.	
Conflict of Interest Declaration		

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

	Check Appropriate Dollar Range			
Company	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Add company name				
Add company name				
Add or remove rows as required				

New or Up	dated Declaration for Clinician 5
Name	Please state full name
Position	Please state currently held position
Date	Please add the date form was completed (DD-MM-YYYY)
	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Conflict of Interest Declaration

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

	Check Appropriate Dollar Range			
Company	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Add company name				
Add company name				
Add or remove rows as required				



Stakeholder information						
CADTH project number	PC0229					
Brand name (generic)	Opdivo® (nivolumab) -Yervoy® (ipilimumab)					
Indication(s)	Treatment of adult patients with unresectable malignant pleur	al				
	mesothelioma who have not received prior systemic therapy f	or				
	mesothelioma.					
Organization Bristol-Myers Squibb Canada Co.						
Contact information ^a						
Stakeholder agreement wi	th the draft recommendation					
		Yes	\boxtimes			
1. Does the stakeholder ag	ree with the committee's recommendation.	No				
	la Co. agrees with pERC's initial recommendation of nivolumab					
	of adult patients with unresectable malignant pleural mesothel	ioma v	vho			
nave not received prior syst	emic therapy for mesothelioma.					
Expert committee consideration of the stakeholder input						
Expert committee conside	eration of the stakeholder input					
•	·	Yes	×			
2. Does the recommendati	on demonstrate that the committee has considered the	Yes No				
2. Does the recommendati stakeholder input that y	·	Yes No				
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^a CADTH may contact this person if comments require clarification. Contact information will not be included in any public posting of this document by CADTH.