

CADTH REIMBURSEMENT REVIEW

Stakeholder Feedback on Draft Recommendation

atezolizumab (Tecentriq)

(Hoffmann-La Roche Limited.)

Indication: Tecentriq in combination with carboplatin and etoposide is indicated for the first-line treatment of adult patients with extensive-stage small cell lung cancer (ES-SCLC).

August 18, 2022

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.



CADTH Reimbursement Review Feedback on Draft Recommendation

| Stakeholder information | | | |
|--|--|--------------------------------------|----------|
| CADTH project number | PC0277-000 | | |
| Brand name (generic) | Atezolizumab (Tecentriq) | | |
| Indication(s) | Tecentriq in combination with carboplatin and etoposide is indic first-line treatment of adult patients with extensive-stage small cancer (ES-SCLC). | | |
| Organization | Ontario Health (CCO) Lung Cancer Drug Advisory Committe | е | |
| Contact information ^a | | | |
| Stakeholder agreement w | ith the draft recommendation | | |
| 1. Does the stakeholder ag | gree with the committee's recommendation. | Yes No | |
| disease and treated with sta | andard chemo and relapse in the platinum-sensitive setting. Th | e DAC | ; |
| would like to inquire whethe | andard chemo and relapse in the platinum-sensitive setting. The platinum-sensitive setting. The recommendation would include funding for this patient potention of the stakeholder input | | |
| would like to inquire whether Expert committee consider 2. Does the recommendation | er this recommendation would include funding for this patient po | | |
| would like to inquire whether Expert committee consider 2. Does the recommendate stakeholder input that y | er this recommendation would include funding for this patient po eration of the stakeholder input ion demonstrate that the committee has considered the your organization provided to CADTH? | opulatic Yes | on. |
| would like to inquire whether Expert committee consider 2. Does the recommendation stakeholder input that y Clarity of the draft recommendation | er this recommendation would include funding for this patient po eration of the stakeholder input ion demonstrate that the committee has considered the your organization provided to CADTH? | opulatic Yes | on. ⊠ |
| would like to inquire whether Expert committee consider 2. Does the recommendation stakeholder input that y Clarity of the draft recommendation | er this recommendation would include funding for this patient po eration of the stakeholder input ion demonstrate that the committee has considered the your organization provided to CADTH? | Yes No | on. |
| would like to inquire whether Expert committee consider 2. Does the recommendation stakeholder input that y Clarity of the draft recommendation | er this recommendation would include funding for this patient po eration of the stakeholder input ion demonstrate that the committee has considered the your organization provided to CADTH? | Yes No Yes | on. |
| would like to inquire whether Expert committee consider 2. Does the recommendate stakeholder input that y Clarity of the draft recommits 3. Are the reasons for the 4. Have the implementation | er this recommendation would include funding for this patient por eration of the stakeholder input ion demonstrate that the committee has considered the your organization provided to CADTH? mendation recommendation clearly stated? n issues been clearly articulated and adequately | Yes No Yes No Yes Yes | on. |
| would like to inquire whether Expert committee consider 2. Does the recommendate stakeholder input that y Clarity of the draft recommits 3. Are the reasons for the state state | er this recommendation would include funding for this patient por eration of the stakeholder input ion demonstrate that the committee has considered the your organization provided to CADTH? mendation recommendation clearly stated? n issues been clearly articulated and adequately | Yes No Yes No | on. |
| would like to inquire whether Expert committee consider 2. Does the recommendate stakeholder input that y Clarity of the draft recommits 3. Are the reasons for the 4. Have the implementation addressed in the recommits | er this recommendation would include funding for this patient per eration of the stakeholder input ion demonstrate that the committee has considered the our organization provided to CADTH? mendation recommendation clearly stated? n issues been clearly articulated and adequately mendation? | Yes No Yes No Yes No | on. |
| would like to inquire whether Expert committee consider 2. Does the recommendate stakeholder input that y Clarity of the draft recommits 3. Are the reasons for the 4. Have the implementation addressed in the recommits 5. If applicable, are the rei | er this recommendation would include funding for this patient por eration of the stakeholder input ion demonstrate that the committee has considered the your organization provided to CADTH? mendation recommendation clearly stated? n issues been clearly articulated and adequately | Yes No Yes No Yes Yes | n. |

^a CADTH may contact this person if comments require clarification.

Appendix 2. Conflict of Interest Declarations for Clinician 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.
- 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 | | |
|---|----------|-------------|
| 1. Did you receive help from outside your clinician group to complete this submission? | No | |
| | Yes | \boxtimes |
| Ontario Health provided secretariat functions to the DAC. | <u> </u> | • |
| | | |
| 2. Did you receive help from outside your clinician group to collect or analyze any | No | \boxtimes |
| information used in this submission? | Yes | |
| If yes, please detail the help and who provided it. | | |
| | | |
| D. Durwiewely Diselected Conflict of Interact | | |
| B. Previously Disclosed Conflict of Interest | | |
| 3. 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: | | |
| Dr. Donna Maziak | | |
| Dr. Peter Ellis | | |
| Dr. Andrew Robinson | | |
| | | |

C. New or Updated Conflict of Interest Declarations

| New or Up | dated Declaration for Clinician 1 |
|-------------|--|
| Name | Dr. Donna Maziak |
| Position | Lead, Ontario Health Lung Cancer Drug Advisory Committee |
| Date | 18/08/2022 |
| | 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 | New or Updated Declaration for Clinician 2 | | | | | | |
|---|--|--------------|-------------------|--|----------------|--|--|
| Name | Dr. Peter Ellis | | | | | | |
| Position | Lung Cancer Drug Advisory Co | mmittee Memb | er | | | | |
| Date | 18/08/2022 | | | | | | |
| 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 co | mpanies or organizations that hav who may have direct or indirect i | | | | r the past two | | |
| List any co | | | rug under review. | | • | | |

| | | 10,000 | 50,000 | \$50,000 |
|--------------------------------|-------------|--------|--------|----------|
| Hoffman La-Roche | \boxtimes | | | |
| Add company name | | | | |
| Add or remove rows as required | | | | |

CADTH Reimbursement Review

Feedback on Draft Recommendation

| Stakeholder information | |
|---------------------------------------|---|
| CADTH project number | PC0277 |
| Name of the drug and Indication(s) | Atezolizumab in combination with carboplatin and etoposide for the first-line treatment of adult patients with extensive-stage small cell lung cancer (ES-SCLC) |
| Organization Providing Feedback | PAG |

| 1. Recommendation revisions Please indicate if the stakeholder requires the expert review committee to reconsider or clarify its recommendation. | | | | |
|--|---|---|--|--|
| Request for | Major revisions: A change in recommendation category or patient population is requested | | | |
| Reconsideration | Minor revisions: A change in reimbursement conditions is requested | | | |
| No Request for | Editorial revisions: Clarifications in recommendation text are requested | х | | |
| Reconsideration | No requested revisions | | | |

2. Change in recommendation category or conditions Complete this section if major or minor revisions are requested None.

3. Clarity of the recommendation

Complete this section if editorial revisions are requested for the following elements

a) Recommendation rationale

None.

b) Reimbursement conditions and related reasons

None.

c) Implementation guidance

PAG is seeking additions to below to align with durvalumab implementation advice:

3rd rOW under Considerations for initiation of therapy: If atezolizumab is discontinued due to an adverse event (AE), it would be reasonable to restart atezolizumab after the AE has resolved because AEs are often transient in nature.



CADTH Reimbursement Review Feedback on Draft Recommendation

| Stakeholder information | | | | | | |
|---|---|-----------|--|--|--|--|
| CADTH project number | PC0277-000 | | | | | |
| Brand name (generic) | Atezolizumab (Tecentriq) | | | | | |
| Indication(s) | Tecentriq in combination with carboplatin and etoposide is ind the first-line treatment of adult patients with extensive-stage s lung cancer (ES-SCLC). | | | | | |
| Organization | Lung Cancer Canada | | | | | |
| Contact information ^a | | | | | | |
| Stakeholder agreement wi | ith the draft recommendation | | | | | |
| 1. Does the stakeholder ag | gree with the committee's recommendation. | Yes No | | | | |
| need in treatment options in with their values, including t delays disease progression, survivorship. There are majo patients in this first-line setti aggressive nature of this dis with poorer outcomes; thus, manage symptoms. The suc successful in this area, and free survival of 2 months se can have. These group of pa that can help prolong and m recommendation. Lung Cancer Canada's Clin and supports conversion to comprehensive, and have n | 1. Does the stakeholder agree with the committee's recommendation. No □ Lung Cancer Canada is pleased with pERC's positive recommendation of atezolizumab for SCLC. As pERC highlighted in the Rationale for Recommendation, SCLC patients highlighted the large unmet need in treatment options in this setting the need and importance of a treatment option that aligns with their values, including the need for treatment that is tolerable with manageable side effects, delays disease progression, maintains their independence and functionality, and improves survivorship. There are major gaps in the current treatment paradigm for small-cell lung cancer patients in this first-line setting, but atezolizumab has shown to meet all these values. Due to the aggressive nature of this disease, especially in extensive stage, patients often progress very rapidly with poorer outcomes; thus, there is a major need for treatments that can prolong survival and manage symptoms. The success of atezolizumab in the IMpower 133 clinical trial has shown to be successful in this area, and with median survival in ES-SCLC being less than 1 year, the progression-free survival of 2 months seen in the trial can make a big difference in the quality of life that patients can have. These group of patients cannot afford to wait and deserve to have access to treatments that can help prolong and maintain their lives now, and we are pleased with pERC's recommendation. | | | | | |
| - | eration 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 | sing from the draft recommendation? | | | | | |
| | | | | | | |
| Clarity of the draft recomm | nendation | | | | | |
| | nendation recommendation clearly stated? | Yes | | | | |
| 3. Are the reasons for the | | Yes No | | | | |

| 4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation? | No | |
|--|-----|-------------|
| If not, please provide details regarding the information that requires clarification. | | |
| 5. If applicable, are the reimbursement conditions clearly stated and the rationale | Yes | \boxtimes |
| for the conditions provided in the recommendation? | No | |
| If not, please provide details regarding the information that requires clarification. | | |
| | | |
| | | |

^a CADTH may contact this person if comments require clarification.

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 | Shem Singh | | | | | |
| Position | Executive Director | | | | | |
| Date | 16 Aug 2022 | | | | | |
| | I hereby certify that I have the matter involving this patient gr patient group in a real, potenti | oup with a comp | oany, organizati | on, or entity that m | | |
| B. Assista | nce with Providing Feedback | | | | | |
| | | | | | No | \boxtimes |
| 1. Did yo | u receive help from outside yo | our patient grou | p to complete | your feedback? | Yes | |
| | | | | | | |
| inform | u receive help from outside yo ation used in your feedback? se detail the help and who provid | | p to collect or | analyze any | No Yes | |
| inform If yes, plea | ation used in your feedback? se detail the help and who provid | led it. | p to collect or | analyze any | | |
| inform If yes, plea C. Previou | ation used in your feedback? se detail the help and who provid sly Disclosed Conflict of Intere | led it. | | | | |
| inform If yes, plea C. Previou 1. Were o submi | ation used in your feedback? se detail the help and who provid | led it. est provided in pa I review and ha | ntient group in | out that was | Yes | |
| inform If yes, plea C. Previou 1. Were o submi uncha | ation used in your feedback? se detail the help and who provid sly Disclosed Conflict of Intere- conflict of interest declarations tted at the outset of the CADTH | led it. est provided in pa review and ha ection D below | ntient group in | out that was | Yes | |
| inform If yes, plea C. Previou 1. Were o submi uncha D. New or 3. List ar | ation used in your feedback? se detail the help and who provid sly Disclosed Conflict of Intere- conflict of interest declarations tted at the outset of the CADTH nged? If no, please complete s | led it. s provided in pa d review and ha section D below eclaration that have prov | itient group inj ve those decla ided your grou | out that was arations remained up with financial p | d No Yes | |
| inform If yes, plea C. Previou 1. Were o submi uncha D. New or 3. List ar | ation used in your feedback? se detail the help and who provid sly Disclosed Conflict of Intere- conflict of interest declarations tted at the outset of the CADTH nged? If no, please complete s Updated Conflict of Interest De by companies or organizations | led it. s provided in pa d review and ha section D below eclaration that have prov | itient group in tve those decla ded your grou t interest in the | out that was arations remained up with financial p | d No Yes Ves | |
| inform If yes, plea C. Previou 1. Were o submi uncha D. New or 3. List ar past ty | ation used in your feedback? se detail the help and who provid sly Disclosed Conflict of Intere- conflict of interest declarations tted at the outset of the CADTH nged? If no, please complete s Updated Conflict of Interest De by companies or organizations | led it. s provided in pa d review and ha section D below eclaration that have prov | itient group in tve those decla ded your grou t interest in the | out that was arations remained up with financial p e drug under revi | d No Yes Ves | □ □ ⊠ |
| inform If yes, plea C. Previou 1. Were of submi uncha D. New or 3. List ar past ty Company | ation used in your feedback? se detail the help and who provid sly Disclosed Conflict of Intere- conflict of interest declarations tted at the outset of the CADTH nged? If no, please complete s Updated Conflict of Interest De by companies or organizations wo years AND who may have d | led it. s provided in part review and has ection D below claration that have prov irect or indirec | ided your grou t interest in the Check Appro | out that was arations remained p with financial p drug under revi opriate Dollar Ra \$10,001 to | d No Yes d Yes yes yes nge In Exces \$50,000 | □ □ ∞ |
| inform If yes, plea C. Previou 1. Were o submi uncha D. New or 3. List ar | ation used in your feedback? se detail the help and who provid sly Disclosed Conflict of Interes conflict of interest declarations tted at the outset of the CADTH nged? If no, please complete s Updated Conflict of Interest De by companies or organizations wo years AND who may have d | led it. est provided in pa review and have ection D below eclaration that have prov irect or indirec \$0 to 5,000 | itient group in tive those decla ided your grou t interest in the Check Appro \$5,001 to 10,000 | put that was arations remained by with financial p opriate Dollar Ra \$10,001 to 50,000 | d No Yes d Yes payment of ew. In Exces \$50,000 | □ □ ∞ |

Appendix 2. Conflict of Interest Declarations for Clinician Groups

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 - 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 | \mathbb{X} |
| | Yes | |
| 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? | 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 | X |
| unchanged? If no, please complete section C below. | | |
| If yes, please list the clinicians who contributed input and whose declarations have not changed: | | |
| Dr. Stephanie Snow (lead); Dr. Catherine Labbé; Dr. Shaqil Kassam; Dr. Nicole Bou | chard; | Dr. |
| Mahmoud Abdelsalam; Dr. Geoffrey Liu; Dr. Randeep Sangha; Dr. Sunil Yadav; Dr. | | |
| Dawe; Dr. Paul Wheatley-Price; Dr. Donna Maziak; Dr. Ron Burkes; Dr. Rosalyn Jue | | |
| Dr. Barb Melosky; Dr. Jeffery Rothenstein; Dr. Normand Blais; Dr. Quincy Chu; Dr. H | 0 | • |
| DI. Dalb Weiosky, DI. Jenery Rothenstelli, DI. Normanu Dials, DI. Quincy Chu, DI. r | Ve AILL 1 | ia0, |

Dr. Parneet Cheema



CADTH Reimbursement Review Feedback on Draft Recommendation

| Stakeholder information | | | |
|--|--|-------------------------------|-----|
| CADTH project number | PC0277 | | |
| Brand name (generic) | TECENTRIQ (atezolizumab) | | |
| Indication(s) | In combination with carboplatin and etoposide for the first-line treatment | | |
| | of adult patients with extensive-stage small cell lung cancer (E | | |
| Organization | Hoffmann-La Roche Limited | -0 00 | _0) |
| Contact information ^a | | | |
| | | | |
| | | | |
| Stakeholder agreement wi | ith the draft recommendation | | |
| Stakeholder agreement wi | ith the draft recommendation | Maa | |
| 1. Does the stakeholder ag | ee with the committee's recommendation. | Yes | |
| | | No | |
| | (Roche) is pleased that CADTH acknowledged that "the impro | | |
| reported in the trial was clinically meaningful in the first-line setting where patients experience rapid tumor growth, fast clinical deterioration and have poor survival prognosis" (pg.5) and agrees with the | | | |
| | eterioration and nave poor survival prognosis (pg.5) and agree on and supports conversion to a final recommendation. | s with | the |
| commutee's recommendation | | | |
| Roche would just like to clar | rify that the updated OS analysis (January 24, 2019 data-cut) fo | or the | |
| • | erenced throughout the current draft recommendation was not n | | ta |
| | so provided to CADTH and the pERC for review during the initia | | |
| submission, for which a neg | ative recommendation was issued. | | |
| | | | |
| | d on this re-submission, CADTH was able to conclude that atez | | ab |
| | um-based chemotherapy and etoposide be reimbursed for the fi vith extensive-stage small cell lung cancer (ES-SCLC). | irst-iine | |
| | | | |
| | with extensive-stage small cell ung cancer (LO-SOLO). | | |
| Expert committee conside | eration of the stakeholder input | | |
| | | Yes | |
| 2. Does the recommendati | eration of the stakeholder input | | 9 |
| 2. Does the recommendati | eration of the stakeholder input on demonstrate that the committee has considered the | Yes | € |
| 2. Does the recommendati | eration of the stakeholder input on demonstrate that the committee has considered the our organization provided to CADTH? | Yes | € |
| 2. Does the recommendati stakeholder input that y Clarity of the draft recomm | eration of the stakeholder input on demonstrate that the committee has considered the our organization provided to CADTH? | Yes | € |
| 2. Does the recommendati stakeholder input that y Clarity of the draft recomm | eration of the stakeholder input on demonstrate that the committee has considered the our organization provided to CADTH? | Yes No | |
| 2. Does the recommendati stakeholder input that y Clarity of the draft recomm | eration of the stakeholder input on demonstrate that the committee has considered the our organization provided to CADTH? | Yes No Yes | |
| Does the recommendati stakeholder input that yes Clarity of the draft recommons Are the reasons for the state of the state | eration of the stakeholder input fon demonstrate that the committee has considered the our organization provided to CADTH? mendation recommendation clearly stated? | Yes No Yes | |
| Does the recommendati stakeholder input that yes Clarity of the draft recommons Are the reasons for the state of the state | eration of the stakeholder input on demonstrate that the committee has considered the our organization provided to CADTH? mendation recommendation clearly stated? n issues been clearly articulated and adequately | Yes No Yes No | |
| Does the recommendati stakeholder input that y Clarity of the draft recommons Are the reasons for the Have the implementation | eration of the stakeholder input on demonstrate that the committee has considered the our organization provided to CADTH? mendation recommendation clearly stated? n issues been clearly articulated and adequately | Yes No Yes No | |
| Does the recommendati stakeholder input that yes clarity of the draft recommons. Are the reasons for the state of the implementation addressed in the recommons. | eration of the stakeholder input on demonstrate that the committee has considered the our organization provided to CADTH? nendation recommendation clearly stated? n issues been clearly articulated and adequately mendation? | Yes No Yes No | |
| Does the recommendati stakeholder input that yes Clarity of the draft recommendation Are the reasons for the Have the implementation addressed in the recommendation If applicable, are the rein | eration of the stakeholder input on demonstrate that the committee has considered the our organization provided to CADTH? mendation recommendation clearly stated? n issues been clearly articulated and adequately | Yes No Yes No Yes | |

^a CADTH may contact this person if comments require clarification.