

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

- 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 *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	\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.