CADTH

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

CADTH

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 indicated for the first-line treatment of adult patients with extensive-stage small cell lung cancer (ES-SCLC).
Organization	Ontario Health (CCO) Lung Cancer Drug Advisory Committee
Contact information[a]	[redacted]

Stakeholder agreement with the draft recommendation		
1. Does the stakeholder agree with the committee's recommendation.	Yes	☒
	No	☐
[Table 1: Eligibility Criteria] The DAC would like to clarify for patient who had initially limited-stage disease and treated with standard chemo and relapse in the platinum-sensitive setting. The DAC would like to inquire whether this recommendation would include funding for this patient population.		

Expert committee consideration of the stakeholder input		
2. Does the recommendation demonstrate that the committee has considered the stakeholder input that your organization provided to CADTH?	Yes	☒
	No	☐

Clarity of the draft recommendation		
3. Are the reasons for the recommendation clearly stated?	Yes	☒
	No	☐
4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?	Yes	☒
	No	☐
5. If applicable, are the reimbursement conditions clearly stated and the rationale for the conditions provided in the recommendation?	Yes	☒
	No	☐

[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 *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		
1. Did you receive help from outside your clinician group to complete this submission?	No	☐
	Yes	☒
Ontario Health provided secretariat functions to the DAC.		
2. Did you receive help from outside your clinician group to collect or analyze any information used in this submission?	No	☒
	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 submitted at the outset of the CADTH review and have those declarations remained unchanged? If no, please complete section C below.	No	☐
	Yes	☒
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 Updated 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.				
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 2	
Name	*Dr. Peter Ellis*
Position	*Lung Cancer Drug Advisory Committee Member*
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.				
Company	**Check Appropriate Dollar Range**			
	$0 to 5,000	**$5,001 to 10,000**	**$10,001 to 50,000**	**In Excess of $50,000**
Hoffman La-Roche	☒	☐	☐	☐
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 Reconsideration	**Major revisions:** A change in recommendation **category** or patient **population** is requested	☐
	Minor revisions: A change in reimbursement **conditions** is requested	☐
No Request for Reconsideration	**Editorial revisions:** Clarifications in recommendation **text** are requested	X
	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

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 indicated for the first-line treatment of adult patients with extensive-stage small cell lung cancer (ES-SCLC).
Organization	Lung Cancer Canada
Contact information[a]	[redacted]

Stakeholder agreement with the draft recommendation		
1. Does the stakeholder agree with the committee's recommendation.	Yes	☒
	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.

Lung Cancer Canada's Clinician Group also agrees with and thanks pERC for the recommendation and supports conversion to final recommendation. We believe the recommendation is fair and comprehensive, and have nothing to add.

Expert committee consideration of the stakeholder input		
2. Does the recommendation demonstrate that the committee has considered the stakeholder input that your organization provided to CADTH?	Yes	☒
	No	☐

If not, what aspects are missing from the draft recommendation?

Clarity of the draft recommendation		
3. Are the reasons for the recommendation clearly stated?	Yes	☒
	No	☐

If not, please provide details regarding the information that requires clarification.

	Yes	☒

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 for the conditions provided in the recommendation?	Yes	☒
	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 *Procedures for CADTH Drug Reimbursement Reviews* for further details.

A. Patient Group Information	
Name	*Shem Singh*
Position	*Executive Director*
Date	*16 Aug 2022*
☒	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. Assistance with Providing Feedback		
1. Did you receive help from outside your patient group to complete your feedback?	No	☒
	Yes	☐
If yes, please detail the help and who provided it.		
2. Did you receive help from outside your patient group to collect or analyze any information used in your feedback?	No	☒
	Yes	☐
If yes, please detail the help and who provided it.		

C. Previously Disclosed Conflict of Interest		
1. Were conflict of interest declarations provided in patient group input that was submitted at the outset of the CADTH review and have those declarations remained unchanged? If no, please complete section D below.	No	☐
	Yes	☒

D. New or Updated Conflict of Interest Declaration

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.

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	☐	☐	☐	☐

Appendix 2. Conflict of Interest Declarations for Clinician Groups

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  - 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	☒
	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 information used in this submission?	No	☒
	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 submitted at the outset of the CADTH review and have those declarations remained unchanged? If no, please complete section C below.	No	☐
	Yes	☒
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 Bouchard; Dr. Mahmoud Abdelsalam; Dr. Geoffrey Liu; Dr. Randeep Sangha; Dr. Sunil Yadav; Dr. David Dawe; Dr. Paul Wheatley-Price; Dr. Donna Maziak; Dr. Ron Burkes; Dr. Rosalyn Juergens; Dr. Barb Melosky; Dr. Jeffery Rothenstein; Dr. Normand Blais; Dr. Quincy Chu; Dr. Kevin Jao; Dr. Parneet Cheema		

CADTH

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 (ES-SCLC)
Organization	Hoffmann-La Roche Limited
Contact information[a]	[redacted]

Stakeholder agreement with the draft recommendation		
1. Does the stakeholder agree with the committee's recommendation.	Yes	☒
	No	☐

Hoffmann-La Roche Limited (Roche) is pleased that CADTH acknowledged that "the improved OS 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 committee's recommendation and supports conversion to a final recommendation.

Roche would just like to clarify that the updated OS analysis (January 24, 2019 data-cut) for the IMpower133 trial that is referenced throughout the current draft recommendation was not new data and that these data were also provided to CADTH and the pERC for review during the initial CADTH submission, for which a negative recommendation was issued.

Roche is pleased that based on this re-submission, CADTH was able to conclude that atezolizumab in combination with a platinum-based chemotherapy and etoposide be reimbursed for the first-line treatment of adult patients with extensive-stage small cell lung cancer (ES-SCLC).

Expert committee consideration of the stakeholder input		
2. Does the recommendation demonstrate that the committee has considered the stakeholder input that your organization provided to CADTH?	Yes	☒
	No	☐

Clarity of the draft recommendation		
3. Are the reasons for the recommendation clearly stated?	Yes	☒
	No	☐
4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?	Yes	☒
	No	☐
5. If applicable, are the reimbursement conditions clearly stated and the rationale for the conditions provided in the recommendation?	Yes	☒
	No	☐

[a] CADTH may contact this person if comments require clarification.