CADTH

CADTH REIMBURSEMENT REVIEW

Stakeholder Feedback on Draft Recommendation

abiraterone acetate and prednisolone

Indication: High-risk non-metastatic prostate cancer

August 3, 2023

CADTH

CADTH Reimbursement Review
Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PX0291
Brand name (generic)	Abiraterone acetate, prednisone
Indication(s)	For the treatment of high-risk non-metastatic prostate cancer
Organization	Ontario Health (Cancer Care Ontario) Genitourinary Cancer Drug Advisory Committee ("GU DAC")
Contact information[a]	Name: Dr. Girish Kulkarni

Stakeholder agreement with the draft recommendation		
1. Does the stakeholder agree with the committee's recommendation.	Yes	☒
	No	☐
Please explain why the stakeholder agrees or disagrees with the draft recommendation. Whenever possible, please identify the specific text from the recommendation and rationale. The combination of abiraterone plus ADT improves clinically relevant prostate cancer outcomes in high risk localized prostate cancer. This treatment improves upon the current SOC of ADT. There are no other novel agents available in this setting.		

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.		
4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?	Yes	☒
	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 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.
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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		
1. Did you receive help from outside your clinician group to complete this submission?	No	☐
	Yes	☒
OH-CCO provided secretariat function complete the submission.		
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. Girish Kulkarni		

C. New or Updated Conflict of Interest Declarations

New or Updated Declaration for Clinician 1	
Name	Dr. Sebastien Hotte
Position	Ontario Health (CCO) GU Cancer Drug Advisory Committee Member
Date	26-07-2023
☒	**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**
Janssen	☒	☐	☐	☐

New or Updated Declaration for Clinician 2	
Name	Dr. Aly-Khan Lalani
Position	Ontario Health (CCO) GU Cancer Drug Advisory Committee Member
Date	26-07-2023
☒	**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

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	$0 to 5,000	**$5,001 to 10,000**	**$10,001 to 50,000**	**In Excess of $50,000**
Janssen	☒	☐	☐	☐

New or Updated Declaration for Clinician 3	
Name	Dr. Sebastien Hotte
Position	Ontario Health (CCO) GU Cancer Drug Advisory Committee Member
Date	26-07-2023
☒	**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

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Janssen	☒	☐	☐	☐

New or Updated Declaration for Clinician 4	
Name	Dr. Urban Emmenegger
Position	Ontario Health (CCO) GU Cancer Drug Advisory Committee Member
Date	*31-07-2023*

☒	**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

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Janssen	☐	☒	☐	☐

New or Updated Declaration for Clinician 5	
Name	Dr. Akmal Ghafoor
Position	Ontario Health (CCO) GU Cancer Drug Advisory Committee Member
Date	31-07-2023
☒	**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.

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Add company name	☐	☐	☐	☐

CADTH Reimbursement Review
Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PX0291-000 – PC0291-000
Brand name (generic)	Abiraterone and prednisone
Indication(s)	High-risk non-metastatic prostate cancer
Organization	BC Cancer Genitourinary Tumour Group and Vancouver Prostate Centre
Contact information[a]	Name: Dr Scott Tyldesly

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

Please explain why the stakeholder agrees or disagrees with the draft recommendation. Whenever possible, please identify the specific text from the recommendation and rationale.

We have partial agreement, but it is the area of disagreement that is more relevant to the feedback herein.

The BC Cancer-genitourinary tumor group and the Vancouver Prostate Centre have made recommendations to the BC Cancer Priority and Evaluation Committee (PEC) in 2022, which were endorsed provincially.

The BC Cancer GU Tumour Group recommendations were to fund abiraterone and prednisone in non-metastatic prostate cancer patients as follows:

1) patients with newly diagnosed non-metastatic histologically confirmed adenocarcinoma of the prostate cancer who are being considered for curative intent local therapy with either:
    a. clinical or pathologic pelvic node positive
    or
    b. if node negative, then at least **TWO** of: cT3, cT4, Gleason score 8-10, and/or PSA ≥ 40 ng/ml
2) patients with relapsed non-metastatic histologically confirmed adenocarcinoma of the prostate cancer who are being considered for curative intent therapy, who are more than 12 months from prior treatments, and had less than 12 months ADT in the past with either:
    a. clinical or pathologic pelvic node positive
    or
    b. if node negative, either a PSA ≥ 4 ng/ml with a PSA doubling time < 6 months, or a PSA over 20.
3) For both 1, and 2 above: patients must also have:
    a. WHO performance status of 0-2;
    b. histologically confirmed prostate adenocarcinoma;
    c. absence of clinically significant cardiovascular disease (e.g. severe angina, myocardial infarction within 6 months, a history of ≥ class 2 CHF, arterial thrombotic event within 6 months, stroke or TIA within 6 months)
    d. absence of poorly controlled diabetes
    e. Absence of liver dysfunction (bilirubin < 1.5 x ULN, AST or ALT <2.5 x ULN)

f. No metastatic disease on
   i. Bone scan and CT chest abdomen and pelvis
      Or
   ii. Bone scan, Chest X-ray, and CT or MRI abdomen and pelvis
      Or
   iii. Whole body PSMA PET

We note that the BC Cancer GU Tumour group recommendations differ from the pCODR/CADTH recommendations primarily in regards to the role of abiraterone and prednisone for node-negative biochemical relapse cohort. Both groups are in support of the use of abiraterone and prednisone with hormone therapy for patients with either extreme risk node-negative localized disease (as outlined above), and in node positive patients as per Stampede trial eligibility.

The main differences is in regard to the very small subset of hormone sensitive patients with extreme risk biochemical recurrence post local therapy (PSA >4 with doubling time of < 6 months or a PSA > 20). This subgroup of patients is a very small group who have both very rapidly rising PSA, no identified metastases, and no recent hormone therapy. Most patients relapsing after local therapy would have proceeded to salvage therapies before triggering such PSA thresholds. We believe that this small subgroup of patient should be given access to abiraterone and prednisone. Because of the rarity of such events, would not be expected to add much cost to the overall program. Although the Stampede trial had relatively few patients in this subgroup, the trial results did not rule out a survival or metastases-free survival benefit in these patients. Furthermore we note that the Embark trial recently reported in abstract form (J Urology 209 (sup4): e1190) and is anticipated to be published in full shortly, also evaluated the use of a similarly effective Androgen Receptor Pathway Inhibitor (Enzalutamide) in patients relapsing with rapid PSA doubling times post local therapy. Although this trial used enzalutamide, which has a different specific mechanism of action than abiraterone, both drugs are similar in intensifying the targeting of the AR pathway. The Embark trial demonstrated a substantial statistically significant metastasis free survival benefit (HR 0.42) with treatment intensification.

In summary, we, on behalf of the BC Cancer GU Tumour group and the Vancouver Prostate Centre, agree with the pCODR recommendations for funding for abiraterone and prednisone for node positive and very high risk localized prostate cancer as outlined. However, in addition, given the Stampede and Embark findings, we strongly recommend that patients relapsing with very high risk biochemical recurrence (PSA ≥ 4 ng/ml with a PSA doubling time < 6 months, **or** PSA over 20) after local therapy should also be included for funding for abiraterone and prednisone.

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?

We have to provided input until now, as we had ot seen the recommendation prior to this feedback. It is possible that the committee will consider it in the future, if I understand the feedback process.

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. See above.		
4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?	Yes	☐
	No	☒
If not, please provide details regarding the information that requires clarification. The documents I have seen thus far do not fully outline all the implementation issues, which may vary by province, but this is not the focus of our feedback.		
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. The recommendations are clearly stated, but we would recommend they are broadened, as above.		

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

Appendix 2. Conflict of Interest Declarations for Clinician Groups

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  - Please add more tables as needed (copy and paste).
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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	☒
	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: • Clinician 1 • Clinician 2 • *Add additional (as required)*		

C. New or Updated Conflict of Interest Declarations

New or Updated Declaration for Clinician 1	
Name	Peter Black
Position	Professor, Department of Urologic Sciences, University of British Columbia. *Chair of the Surgery Subcommittee of BC Cancer GU Tumour Group.*
Date	10-08-2023
☒	**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**
Abbvie	☒	☐	☐	☐
Astellas	☒	☐	☐	☐
AstraZeneca	☒	☐	☐	☐
Bayer	☒	☐	☐	☐
Ferring	☒	☐	☐	☐
Janssen Oncology	☒	☐	☐	☐
Sanofi Canada	☒	☐	☐	☐

New or Updated Declaration for Clinician 2	
Name	*Scott Tyldesley*
Position	*BC Cancer GU Radiation Oncologist, Clinical Professor Dept of Surgery UBC.*
Date	*10-08-2023*
☒	**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.

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Ipsen Pharmaceutical	☒	☐	☐	☐
Tolmar Pharmaceutical	☒	☐	☐	☐
TerSera	☒	☐	☐	☐

New or Updated Declaration for Clinician 3	
Name	*Krista Noonan*
Position	*BC Cancer Medical Oncologist, Chair of the Radiation Oncology Subcommittee of BC Cancer GU Tumour Group.*
Date	*10-08-2023*
☒	**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.

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Janssen Pharmaceutical	☒	☐	☐	☐
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

New or Updated Declaration for Clinician 4	
Name	*Martin Gleave*
Position	Distinguished Professor, Department of Urologic Sciences, University of British Columbia. *Director Vancouver Prostate Centre.*
Date	*10-08-2023*
☒	**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.

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Add company name	☐	☐	☐	☐
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

New or Updated Declaration for Clinician 5	
Name	*Jack Zheng*
Position	*BC Cancer GU Radiation Oncologist, Chair of the Radiation Oncology Subcommittee of BC Cancer GU Tumour Group.*
Date	*10-08-2023*
☒	**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.

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Sustained Therapeutics ST01 and ST02 patents	☒	☐	☐	☐
Sustained Therapeutics - Founder	☒	☐	☐	☐
Astellas	☒	☐	☐	☐
Astra-Zeneca	☒	☐	☐	☐
Bayer	☒	☐	☐	☐
GDx	☒	☐	☐	☐
Jannsen	☒	☐	☐	☐
Pfizer	☒	☐	☐	☐
TerSera	☒	☐	☐	☐
Roche	☒	☐	☐	☐

CADTH Reimbursement Review
Feedback on Draft Recommendation

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Contact information[a]	Name: Dr Scott Tyldesly

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	Yes	☐
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C. New or Updated Conflict of Interest Declarations

New or Updated Declaration for Clinician 1	
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Position	Professor, Department of Urologic Sciences, University of British Columbia. *Chair of the Surgery Subcommittee of BC Cancer GU Tumour Group.*
Date	10-08-2023
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Abbvie	☒	☐	☐	☐
Astellas	☒	☐	☐	☐
AstraZeneca	☒	☐	☐	☐
Bayer	☒	☐	☐	☐
Ferring	☒	☐	☐	☐
Janssen Oncology	☒	☐	☐	☐
Sanofi Canada	☒	☐	☐	☐

New or Updated Declaration for Clinician 2	
Name	*Scott Tyldesley*
Position	*BC Cancer GU Radiation Oncologist, Clinical Professor Dept of Surgery UBC.*
Date	*10-08-2023*
☒	**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**
Ipsen Pharmaceutical	☒	☐	☐	☐
Tolmar Pharmaceutical	☒	☐	☐	☐
TerSera	☒	☐	☐	☐

New or Updated Declaration for Clinician 3	
Name	*Krista Noonan*
Position	*BC Cancer Medical Oncologist, Chair of the Radiation Oncology Subcommittee of BC Cancer GU Tumour Group.*
Date	*10-08-2023*
☒	**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**
Janssen Pharmaceutical	☒	☐	☐	☐
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

New or Updated Declaration for Clinician 4	
Name	*Martin Gleave*
Position	Distinguished Professor, Department of Urologic Sciences, University of British Columbia. *Director Vancouver Prostate Centre.*
Date	*10-08-2023*
☒	**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 5	
Name	*Jack Zheng*
Position	*BC Cancer GU Radiation Oncologist, Chair of the Radiation Oncology Subcommittee of BC Cancer GU Tumour Group.*
Date	*10-08-2023*
☒	**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**

Sustained Therapeutics ST01 and ST02 patents	☒	☐	☐	☐
Sustained Therapeutics - Founder	☒	☐	☐	☐
Astellas	☒	☐	☐	☐
Astra-Zeneca	☒	☐	☐	☐
Bayer	☒	☐	☐	☐
GDx	☒	☐	☐	☐
Jannsen	☒	☐	☐	☐
Pfizer	☒	☐	☐	☐
TerSera	☒	☐	☐	☐
Roche	☒	☐	☐	☐

CADTH

CADTH Reimbursement Review

Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PX0291
Name of the drug and Indication(s)	Abiraterone acetate and prednisone for high-risk non-metastatic prostate cancer
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	☐
	No requested revisions	X

2. Change in recommendation category or conditions Complete this section if major or minor revisions are requested
Please identify the specific text from the recommendation and provide a rationale for requesting a change in recommendation.

3. Clarity of the recommendation Complete this section if editorial revisions are requested for the following elements
a) Recommendation rationale
Please provide details regarding the information that requires clarification.
b) Reimbursement conditions and related reasons
Please provide details regarding the information that requires clarification.
c) Implementation guidance
Please provide high-level details regarding the information that requires clarification. You can provide specific comments in the draft recommendation found in the next section. Additional implementation questions can be raised here.

Outstanding Implementation Issues

In the event of a positive draft recommendation, drug programs can request further implementation support from CADTH on topics that cannot be addressed in the reimbursement review (e.g., concerning other drugs, without sufficient evidence to support a recommendation, etc.). Note that outstanding implementation questions can also be posed to the expert committee in Feedback section 4c.

Algorithm and implementation questions
1. Please specify sequencing questions or issues that should be addressed by CADTH (oncology only)
1. 2.
2. Please specify other implementation questions or issues that should be addressed by CADTH
1. 2.
3. Please specify questions or issues that should be addressed by CAPCA. (oncology only)
1. 2.
Support strategy
4. Do you have any preferences or suggestions on how CADTH should address these issues?
May include implementation advice panel, evidence review, provisional algorithm (oncology), etc. The algorithm will need to be updated

CADTH

CADTH Reimbursement Review
Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PX0291
Brand name (generic)	Abiraterone Acetate and Prednisone
Indication(s)/Reimbursement Request	Abiraterone in combination with prednisone, with or without enzalutamide, for the treatment of patients with very high-risk non-metastatic prostate cancer who are starting long-term ADT
Organization	Janssen Inc.
Contact information[a]	Name: Bonnie Kam

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

Please explain why the stakeholder agrees or disagrees with the draft recommendation. Whenever possible, please identify the specific text from the recommendation and rationale.

Overall: Janssen reiterates that STAMPEDE was not designed with regulatory rigor for filing, and has not yet been reviewed nor approved by Health Canada and as such the certainty in the evidence is limited. The study design has been previously assessed by CADTH,[1] and limitations regarding the introduction of detection bias and adverse event outcome reporting were briefly discussed. Importantly, adverse event outcome reporting is much less robust than reporting conducted in a study designed for a regulatory body submission, such as the types of adverse events evaluated and extensive details of patient deaths. Thus, it is important to consider the potential harms versus benefits that may not be captured in the trial, particularly for the use of abiraterone in a new disease stage where patients are generally younger and healthier, and in a population that has not been reviewed by Health Canada.

Given that the strength of the recommendation and broadness of the indication should be tied to the certainty in the evidence, results of the study should be interpreted with caution if they are to be used for decision-making purposes.

Requested: While Janssen considers that the reimbursement conditions align with the evidence supported by the STAMPEDE study, we request that the assessed population be labelled throughout the recommendation as "very high risk" rather than "high risk" to consistently align with the reimbursement condition: "Abiraterone and prednisone should be reimbursed in patients with very high risk nmPC who meet all the following criteria:..."

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.

4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?	Yes	☐
	No	☒

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

i) For the "Drug Program Implementation Questions" (Table 5, p.20 of 56) question, Janssen is uncertain on the clinical expert's response to the drug program implementation question: "If a patient completes 2 years of abiraterone and prednisone therapy and then subsequently relapses, what would be an appropriate time frame that must relapse between last dose of abiraterone and the restart of abiraterone?"

According to the clinical expert: "…general principles would state that as long as the patient has relapsed more than 6-12 months from the completion of abiraterone, there would be rationale for retreatment if deemed appropriate at the time by the treating clinician. The clinical experts highlighted however that this is based on standard oncology practice rather than on actual data."

Janssen response: The clinical experts acknowledge that there is no evidence to support the retreatment with abiraterone and prednisone in HR-nmPC patients that complete 2 years of abiraterone and prednisone therapy and then subsequently relapse. Upon relapse, retreatment should not be restricted to abiraterone and prednisone; clinicians and patients should have a choice of commercially available and reimbursed androgen receptor-axis-targeted therapies (ARATs).

ii) For the "Drug Program Implementation Questions" (Table 5, p.20 of 56) question: "For patients who started on ADT: what would be an appropriate time frame for adding abiraterone and prednisone to ADT (within 3 months from starting?)"

According to the clinical expert: "generally, most treatment intensification strategies in later stages of disease (i.e. mCSPC) call for addition of ARPi within 3 to 4 months of starting ADT."

Janssen response: The appropriate time frame for adding abiraterone and prednisone to ADT should be based on the STAMPEDE trial. Any extrapolation to a different treatment time-frame is not evidence-based.

iii) For the "Drug Program Implementation Questions" (Table 5, p.20 of 56) question: "How may the drug (abiraterone and prednisone) change place in therapy of drugs reimbursed in subsequent lines?"

According to the clinical expert: "the drug should have no impact on subsequent lines of therapy in patients who completed their planned treatment duration. For patients who would progress while being on the drug, or shortly after the end of planned treatment, most clinicians would then recommend a non-ARPi based next line of therapy."

Janssen response: Currently, there are no data to support the sequencing of therapy on or after treatment with abiraterone and ADT in HR-nmPC, in either patients who completed their planned treatment duration, or for patients who would progress while being on the drug, or shortly after the end of planned treatment. In the absence of such evidence, subsequent lines of therapy should be carefully considered based on clinician judgement.

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.

References

1. Shane A, Walter M. Abiraterone Acetate for Metastatic Castration-Sensitive Prostate Cancer. *Cad J Health Tech*. 2021;1(5).