Canada's Drug and
Health Technology Agency

CADTH Reimbursement Recommendation

Abiraterone Acetate and Prednisone or Dexamethasone With Docetaxel

Reimbursement request: Abiraterone acetate and prednisone or dexamethasone for the treatment of adults with metastatic castration-sensitive prostate cancer in combination with docetaxel and androgen deprivation therapy

Final recommendation: Reimburse

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Summary of CADTH Recommendation

There is currently no funded triplet therapy for metastatic castration-sensitive prostate cancer (mCSPC).

The PEACE-1 trial showed that abiraterone acetate and prednisone or dexamethasone with docetaxel and androgen deprivation therapy (ADT) showed improved overall and radiographic progression-free survival in de novo mCSPC versus docetaxel and ADT, with a modest increase in toxicity.

Patients identified a need for new, affordable treatments that can prolong survival with less severe side effects than current therapies.

The CADTH Formulary Management Expert Committee (FMEC) concluded that this therapy should be reimbursed for mCSPC. FMEC noted that a lack of funded triplet therapies in this setting is an unmet need that may be addressed by the new regimen.

While this therapy may cost more than doublet therapy, it will likely cost less than other triplet therapies for mCSPC.

What Is mCSPC?

Prostate cancer is the third leading cause of cancer death in males in Canada. Approximately 10% of patients are diagnosed with locally advanced or de novo metastatic cancer. The disease will also progress over many years in a subset of patients who initially had localized disease. mCSPC requires androgens to sustain growth and can be controlled by reducing androgen levels to castrate levels.

What Did We Hear From Patients?

mCSPC and its treatments have negative impacts on daily life, such as detrimental effects on patients' mental health at diagnosis, inconvenience of treatment, and adverse treatment events. Patients expressed a need for additional treatment options that can prolong survival, have less severe side effects, and are affordable.

Refer to Patient Group Input section of the CADTH report.

What Did We Hear From Clinicians?

Current treatment options are not curative. New treatment options are needed that can delay disease progression and prolong survival with acceptable toxicity profiles. The mechanisms of action of abiraterone acetate, docetaxel, and ADT may complement each other to address the underlying disease process.

Refer to Clinician Input section of the CADTH report.

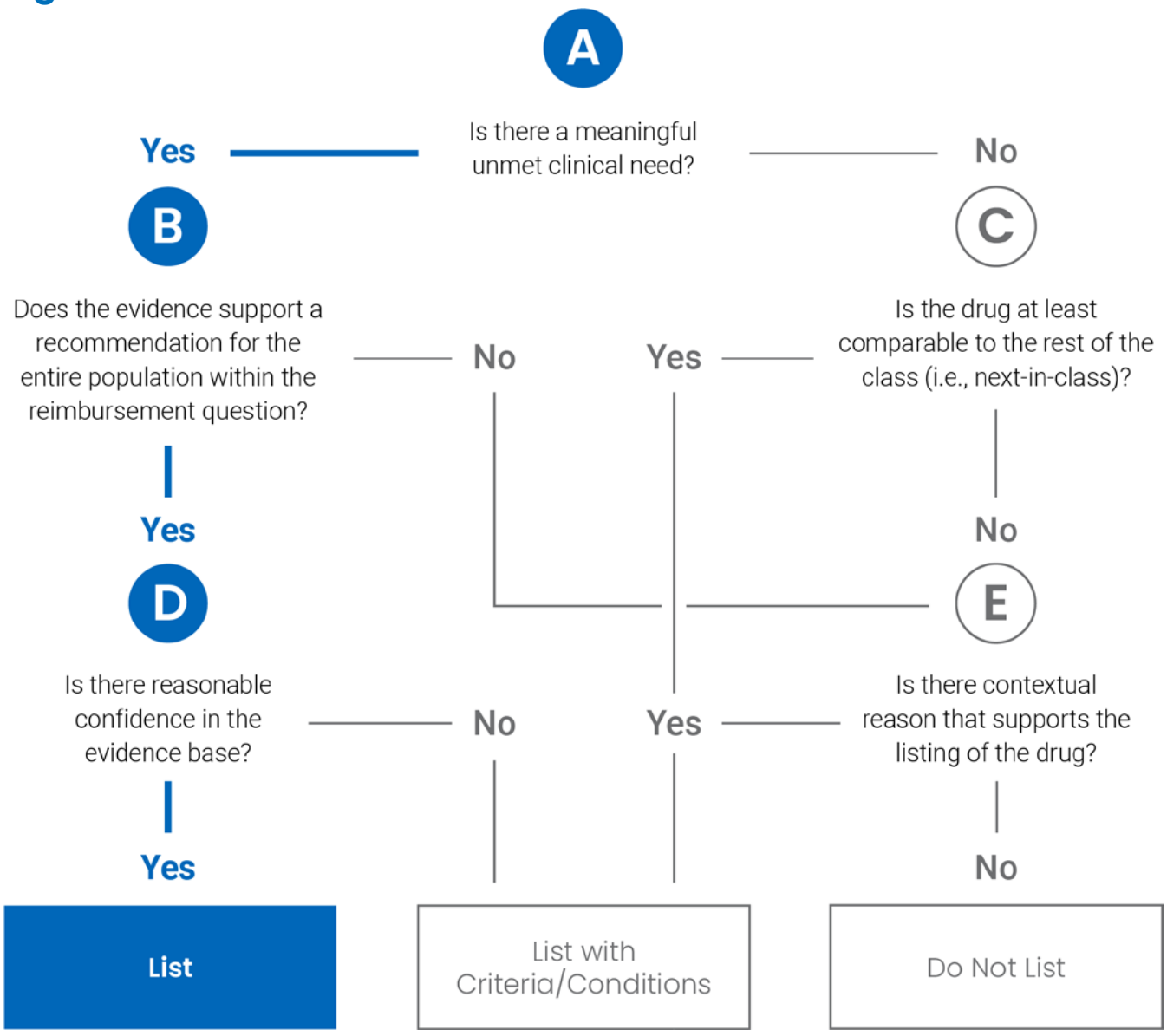
What Did We Hear From the Pharmaceutical Industry and Public Drug Programs?

One manufacturer of branded abiraterone noted that the subgroup of patients who would specifically benefit from this treatment is unclear. Several other options are available in mCSPC, so the manufacturer did not think there is an unmet need. The public drug programs provided questions related to treatment implementation.

Refer to Industry Input and Drug Plan Input sections of the CADTH report.

Deliberative Framework

Figure 1: Decision Path



Decision Summary

Table 1: Why Did FMEC Make This Recommendation?

Decision node	Vote	Reason
(A) Is there a meaningful unmet clinical need?	Yes (5)	• No funded triplet therapy is available for mCSPC. Although the triplet therapy of darolutamide plus docetaxel and ADT has received a positive recommendation from pERC, this regimen is not currently funded by public drug programs.
	No (2)	• FMEC noted that the triplet therapy of darolutamide plus docetaxel and ADT is already Health Canada–approved for mCSPC, as per the ARASENS trial. This regimen also recently received a positive recommendation from pERC. • Abiraterone acetate and prednisone or dexamethasone with docetaxel and ADT for mCSPC is not currently a triplet therapy approved by Health Canada for this indication. • The comparator used in the PEACE-1 trial (docetaxel and ADT) is not the current standard of care for managing mCSPC in Canada. • FMEC considered that the PEACE-1 study only included patients with de novo mCSPC, whereas the ARASENS study also enrolled patients with metachronous disease.
(B) Does the evidence support a recommendation for the entire population under consideration for reimbursement? Population under consideration for reimbursement: Adults aged 18 years or older with de novo mCSPC	Yes (5)	• The PEACE-1 study enrolled more than 700 patients with de novo mCSPC. • Although the PEACE-1 study was not designed for regulatory purposes, FMEC considered that the study methodology was adequate to assess the triplet therapy under review. Treatment stratifications were justified based on changes in standard of care during the study duration. • FMEC noted that in the PEACE-1 trial, abiraterone acetate and prednisone or dexamethasone with docetaxel demonstrated clinical benefit, including improved overall survival and disease control in patients with de novo mCSPC.
	No (2)	• Some FMEC members questioned the statistical power to conclude whether patients with low-risk or small-volume disease benefited from treatment to the same extent as patients with high-risk or high-volume disease. • Some FMEC members considered the quality of the evidence to be suboptimal. FMEC commented that the PEACE-1 study that assessed abiraterone acetate and prednisone or dexamethasone with docetaxel and ADT therapy was limited by: the varied use of docetaxel throughout the study leading to potential bias, multiple protocol changes, and potential enrolment bias.
(D) Is there reasonable confidence in the evidence base?	Yes (7)	• FMEC noted a lack of other publicly funded triplet therapies for mCSPC and highlighted this as an unmet need. Based on high enrolment in the trial, study duration, and appropriate treatment stratification, FMEC felt that the PEACE-1 trial results were sufficient to show better efficacy in the study population, but also to be extrapolated to all patients with mCSPC. • FMEC concluded that this regimen should be used by patients aged 18 years or older with de novo mCSPC, as well as those with metachronous disease.
	No (0)	—

ADT = androgen deprivation therapy; FMEC = Formulary Management Expert Committee; mCSPC = metastatic castration-sensitive prostate cancer; PAG = Provincial Advisory Group; pERC = pCODR Expert Review Committee.

Full Recommendation

FMEC recommends that abiraterone acetate and prednisone or dexamethasone be reimbursed for the treatment of adults with mCSPC, in combination with docetaxel and ADT.

Feedback on Draft Recommendation

CADTH received feedback on the draft recommendation from Janssen Inc. This feedback was reviewed in conjunction with CADTH's Provincial Advisory Group (PAG), and a request for reconsideration on the draft FMEC recommendation was not received from PAG.

FMEC Information

Members of the committee: Dr. Emily Reynen (Chair), Dr. Alun Edwards, Ms. Valerie McDonald, Dr. Jim Silvius, Dr. Marianne Taylor, Dr. Maureen Trudeau, Dr. Dominika Wranik, and Dr. Eric Winquist (guest specialist)

Meeting date: June 29, 2023

Conflicts of interest: None

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09/2023