Appendix 3: Stakeholder Input – Clinician

Disclaimer: The views expressed in each submission are those of the submitting organization or individual and not necessarily the views of CADTH or of other organizations. As such, they are independent of CADTH and do not necessarily represent or reflect the views 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 organization or individual and all conflict of interest information are included in the submission; however, the name of the author, including the name of an individual patient or caregiver submitting the patient input, are not posted.

CADTH is committed to treating people with disabilities in a way that respects their dignity and independence, supports them in accessing material in a timely manner, and provides a robust feedback process to support continuous improvement. All materials prepared by CADTH are available in an accessible format. If materials provided to CADTH by a submitting organization or individual are not available in an accessible format, CADTH will provide a summary document upon request. More details can be found within CADTH's accessibility policies.

Ontario Health (Cancer Care Ontario) CNS Cancer Drug Advisory Committee

About Ontario Health (Cancer Care Ontario) CNS Cancer Drug Advisory Committee

OH-CCO's Drug Advisory Committees provide timely evidence-based clinical and health system guidance on drug-related issues in support of CCO's mandate, including the Provincial Drug Reimbursement Programs (PDRP) and the Systemic Treatment Program.

Information Gathering

The information was gathered jointly at a teleconference meeting and via emails.

Current Treatments and Treatment Goals

Currently there is no standard of care treatment for patients with progressive glioblastoma multiforme. The data support the use of bevacizumab and lomustine in the setting of recurrent glioblastoma multiforme. This requires patients to have secondary insurance so they can receive bevacizumab or going through a compassionate access program for it.

Treatment goals include: palliation of neurological symptoms, improvement in neurological symptoms, improvement in quality of life, steroid/dexamethasone sparing/

Treatment Gaps (unmet needs)

Considering the treatment goals in Section 3, please describe goals (needs) that are not being met by currently available treatments.

There are no effective salvage treatment in these patients.

Place in Therapy

How would the drug under review fit into the current treatment paradigm?

N/A

Which patients would be best suited for treatment with the drug under review? Which patients would be least suitable for treatment with the drug under review?

For patients with symptomatic recurrence – mass-effect, edema, refractory to steroid – who may not be candidates for other treatment/intervention such as surgical resection, repeat radiation, or other clinical trials.

The request is for combination of bevacizumab-lomustine based on available data; however, lomustine may be withheld in patients due to tolerability issues or clinical treatment resistance.

What outcomes are used to determine whether a patient is responding to treatment in clinical practice? How often should treatment response be assessed?

Outcomes:

Radiographic stability or improvement

Decrease in steroid dependence

Neurologic stability or improvement

Treatment toxicity assessment every 6 – 8 weeks

Imaging ~ every 2-3 months. Clinical benefit and response, patients' performance status, and patients not experiencing treatment-related toxicities, are factors that dictate ongoing treatment.

What factors should be considered when deciding to discontinue treatment with the drug under review?

Unacceptable hematological toxicities (especially thrombocytopenia) for discontinuing lomustine and continue with bevacizumab.

Unacceptable clinical progression for discontinuing bevacizumab-lomustine or bevacizumab.

What settings are appropriate for treatment with [drug under review]? Is a specialist required to diagnose, treat, and monitor patients who might receive [drug under review]?

Hospital-based outpatient clinic (bevacizumab)/take home cancer drug (lomustine).

Additional Information

NA

Conflict of Interest Declarations

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 clinician group input. CADTH may contact your group with further questions, as needed. Please see the *Procedures for CADTH Drug Reimbursement Reviews* (section 6.3) for further details.

Did you receive help from outside your clinician group to complete this submission? If yes, please detail the help and who provided it.

Yes. Ontario Health provided secretariat functions to the DAC.

Did you receive help from outside your clinician group to collect or analyze any information used in this submission? If yes, please detail the help and who provided it.

No.

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 this is required for <u>each clinician</u> who contributed to the input — please add more tables as needed (copy and paste). It is preferred for all declarations to be included in a single document.***

Declaration for Clinician 1

Name: Dr. Sunit Das

Position: Lead, OH-CCO CNS Cancer Drug Advisory Committee

Date: 27-04-2023

☒ **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.

Table 1: Conflict of Interest Declaration for Clinician 1

Company	Check appropriate dollar range*			
	$0 to $5,000	$5,001 to $10,000	$10,001 to $50,000	In excess of $50,000
No COI	-	-	-	-

* Place an X in the appropriate dollar range cells for each company.

Declaration for Clinician 2

Name: Dr. Mary Jane Lim-Fat

Position: Member, OH-CCO CNS Cancer Drug Advisory Committee

Date: 27-04-2023

☒ 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.

Table 2: Conflict of Interest Declaration for Clinician 2

Company	Check appropriate dollar range*			
	$0 to $5,000	$5,001 to $10,000	$10,001 to $50,000	In excess of $50,000
No COI	-	-	-	-

* Place an X in the appropriate dollar range cells for each company.

Declaration for Clinician 3

Name: Dr. Warren Mason

Position: Member, OH-CCO CNS Cancer Drug Advisory Committee

Date: 27-04-2023

☒ 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.

Table 3: Conflict of Interest Declaration for Clinician 3

Company	Check appropriate dollar range*			
	$0 to $5,000	$5,001 to $10,000	$10,001 to $50,000	In excess of $50,000
No COI	-	-	-	-

* Place an X in the appropriate dollar range cells for each company.

Declaration for Clinician 4

Name: Dr. James Perry

Position: Member, OH-CCO CNS Cancer Drug Advisory Committee

Date: 27-04-2023

☒ 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.

Table 4: Conflict of Interest Declaration for Clinician 4

Company	Check appropriate dollar range*			
	$0 to $5,000	$5,001 to $10,000	$10,001 to $50,000	In excess of $50,000
No COI	-	-	-	-

* Place an X in the appropriate dollar range cells for each company.