



**pan-Canadian Oncology Drug Review
Stakeholder Feedback on a pCODR Expert
Review Committee Initial Recommendation
(Patient Advocacy Group)**

Niraparib (Zejula) for Ovarian Cancer

Ovarian Cancer Canada

September 3, 2020

3 Feedback on pERC Initial Recommendation

Name of the Drug and Indication(s): Niraparib (Zejula)
Eligible Stakeholder Role in Review (Sponsor and/or Manufacturer, Patient Group, Clinical Organization Providing Feedback): Patient Group
Ovarian Cancer Canada

**The pCODR program may contact this person if comments require clarification. Contact information will not be included in any public posting of this document by the pCODR program.*

3.1 Comments on the Initial Recommendation

a) Please indicate if the eligible stakeholder agrees, agrees in part, or disagrees with the Initial Recommendation:

agrees agrees in part disagree

- Ovarian Cancer Canada is pleased that pERC agreed that niraparib aligns with patient values and particularly that it fulfills a need for new treatments particularly for patients with BRCA wild-type who have very limited treatment options. These patients feel desperately underserved and undervalued so this acknowledgement by pERC was appreciated.*
- We are also very pleased that Progression Free Survival (PFS) was understood as a “clinically meaningful end point in relapsed ovarian cancer given that the goals of maintenance treatment are to delay disease recurrence and chemotherapy.” This is absolutely in line with what patients state is an important value and we support pERC in this assessment.*
- As pERC stated: “...almost 70% of women with ovarian cancer are diagnosed at an advanced stage of disease (III or IV), which is associated with a high rate of recurrence and is considered incurable.” Given pERC was satisfied with the net clinical benefit of niraparib maintenance treatment, Ovarian Cancer Canada wants Zejula to move to pCPA very quickly so a price can be negotiated to bring this beneficial treatment option to Canadians living with this disease, particularly those who do not have a BRCA mutation and therefore do not have any access to the benefits of a parp inhibitor.*

b) Please indicate if the eligible stakeholder agrees, agrees in part, or disagrees with the provisional algorithm:

Page Number	Section Title	Paragraph, Line Number	Comments related to Stakeholder Information