



**pan-Canadian Oncology Drug Review
Provincial Advisory Group (PAG) Feedback on a
pCODR Expert Review Committee Initial
Recommendation**

**Bendamustine Hydrochloride (Treanda) for First
Line Chronic Lymphocytic Leukemia**

February 19, 2013

3 Feedback on pERC Initial Recommendation

Name of the drug indication(s): Bendamustine Hydrochloride (Treanda) for first line chronic lymphocytic leukemia

Endorsed by: Provincial Advisory Group Vice-Chair

Feedback was provided by eight of the nine provinces (Ministries of Health and/or provincial cancer agencies) participating in pCODR.

3.1 Comments on the Initial Recommendation

- a) Please indicate if the PAG (either as individual PAG members and/or as a group) agrees or disagrees with the initial recommendation:

agrees agrees in part disagree

PAG members providing feedback agreed with the initial pERC recommendation to fund bendamustine (Treanda) in the first line setting for the treatment of patients with chronic lymphocytic leukemia (CLL) conditional on the cost-effectiveness being improved to an acceptable level. Members indicated the wording of the recommendation related to the eligible patient population appears to be broader than that which is considered in the deliberations section of the document. Members suggest potential wording such as "pERC considered that the recommendation was only applicable to patients who may not be medically fit to tolerate fludarabine-based regimens and who would be treated with other options such as chlorambucil".

- b) Notwithstanding the feedback provided in part a) above, please indicate if the PAG would support this initial recommendation proceeding to final pERC recommendation ("early conversion"), which would occur within 2(two) business days of the end of the consultation period.

Support conversion to final recommendation. Do not support conversion to final recommendation.
Recommendation does not require reconsideration by pERC. Recommendation should be reconsidered by pERC.

PAG members providing feedback support the conversion of the pERC initial recommendation to a pERC final recommendation.

- c) Please provide feedback on the initial recommendation. Is the initial recommendation or are the components of the recommendation (e.g., clinical and economic evidence) clearly worded? Is the intent clear? Are the reasons clear?

Page Number	Section Title	Paragraph, Line Number	Comments and Suggested Changes to Improve Clarity
3	Overall clinical benefit	3. line 4	PAG members noted that clarity in the patient population, ie. for whom fludarabine is not appropriate, may reduce concerns around the potential request for FCR (fludarabine, cyclophosphamide and rituximab) once patients fail bendamustine.
1	pERC recommendation	Does not exist	PAG members noted that the recommended dose of bendamustine in CLL is not included in the recommendation. Members suggested the insertion of either the recommended dose of bendamustine for first line CLL or a sentence indicating that bendamustine has different recommended doses depending on the indication. Members noted that this may potentially aid in avoiding confusion in the clinical setting.

3.2 Comments related to PAG input

Please provide feedback on any issues not adequately addressed in the initial recommendation based on the PAG input provided at the outset of the review on potential impacts and feasibility issues of adopting the drug within the health system.

Page Number	Section Title	Paragraph, Line Number	Comments related to initial PAG input
NA	NA	NA	NA

3.3 Additional comments about the initial recommendation document

Please provide any additional comments:

Page Number	Section Title	Paragraph, Line Number	Additional Comments
			PAG noted that although issues around wastage have already been noted in the pCODR recommendation report, it will likely continue to be an issue that must be addressed at the negotiation and implementation level.