

August 10, 2020

Sarah Berglas,
Manger, Patient Engagement
The Canadian Agency for Drugs and Technologies in Health
865 Carling Ave., Suite 600
Ottawa, ON Canada K1S 5S8

Dear Sarah Berglas,

Thank you for the opportunity to participate in the consultation on the Proposed Alignment of CADTH Drug Reimbursement Review Processes. We are pleased to see the proposed changes to improve engagement processes with patient groups, however, we are also writing to you to highlight our concerns regarding the impact of the changes.

The Canadian Cancer Society (CCS) is the country's largest health charity with a vision for a world where no one fears cancer. With the support of millions of Canadian volunteers and donors, the CCS improves and saves lives by funding research, providing services to those living with cancer, empowering people to make healthy choices and advocating on important cancer-related issues.

Patient engagement

We are pleased with the proposed processes for patient engagement that have made it easier for people with cancer to participate. Particularly, we support the addition of patient groups being able to review and comment on draft recommendations. We are also pleased to see the inclusion of clinician engagement through groups or associations of healthcare professionals for proposed drug review processes. CCS is hopeful these changes will allow people with cancer and healthcare providers to meaningfully engage and participate in processes that have an impact on their health and the health system they work in.

Pan-Canadian Oncology Drug Review and Common Drug Review merger

While further engagement with patients and clinicians will improve our ability to make holistic decisions, we are concerned regarding the proposed changes to merge the pan-Canadian Oncology Drug Review (pCODR) and the Common Drug Review (CDR). The pan-Canadian Oncology Drug Review (pCODR) was created as a mechanism to provide public funding decision-makers with a rigorous, science-based and independent health technology assessment of new cancer medications, in order to assist them in making valid choices about what to fund in what circumstances. It was created to be separate from the existing national Health Technology Assessment (HTA) review process, the Common Drug Review, which had been evaluating medicines for participating public drug plans since 2003. Prior to pCODR, every province and cancer agency had its own way of evaluating cancer drugs, with some processes more defined than others. pCODR was created as a permanent successor to the interim Joint Oncology Drug Review because it demonstrated that a pan-Canadian, collaborative platform for assessing new cancer drugs provided significant value to cancer care decision-makers.

pCODR has numerous unique features that set it apart from other drug review processes, specifically: cancer-specific expertise, dedication to full and inclusive dialogue with all relevant

stakeholders, and commitment to excellence and ongoing improvement. pCODR is beneficial for patients because experts across Canada are involved in decisions about the treatment value and cost-effectiveness of cancer drugs. As initially stated by CADTH, the pCODR process also ensures that scarce healthcare resources are used to fund the most effective cancer drugs. It benefits cancer patients and all Canadians because quality care means ensuring that the right patients receive the right treatments at the right times. Additionally, Srikanthan et al. (2017) showed that after the implementation of pCODR, a greater concordance in cancer drug funding decisions between provinces and decreased time to funding decisions was observed.¹ From the perspective of patient groups, clinicians and Canada's innovative pharmaceutical companies, pCODR has proven to be a model of inclusive program design that has successfully achieved broad support from affected stakeholders, along with an excellent international reputation as a thoughtful and well-considered review agency.

pCODR has evolved to become a gold standard for Canadian HTA and a pioneer in developing high quality evaluations and recommendations. The proposed changes, and specifically the cancer-specific changes, could work unfavourably for Canadians with cancer. CCS proposes a commitment to addressing our concerns and ensuring continued prioritization of cancer medications as CADTH moves forward on the proposed pCODR changes.

Thank you for your consideration of our recommendations. We look forward to learning more about the proposed changes and to working with you for Canadians affected by cancer.

Regards,
Stuart Edmonds
Executive Vice President, Mission, Research and Advocacy
Canadian Cancer Society

¹ Srikanthan A, Mai H, Penner N, Amir E, Laupacis A, Sabharwal M, Chan KK. Impact of the pan-Canadian Oncology Drug Review on provincial concordance with respect to cancer drug funding decisions and time to funding. *Current Oncology*. 2017 Oct;24(5):295.