Cancer Care Ontario

Cancer Care Ontario / Ontario Public Drug Programs

Policy: Public funding of cancer drugs and their administration within the context of clinical trials

Summary and Response to Stakeholder Consultation

Date: December 12, 2016

Ontario
Cancer Care Ontario

Ontario

Contents

A. BACKGROUND 3

B. PURPOSE OF THE REPORT 3

C. HOW WE CONSULTED 3

D. SUMMARY OF FEEDBACK RECEIVED 4

Intent 4

Principles 5

Application Screening Criteria 5

Assessment Criteria 5

Review Process 7

Resubmission and Reconsideration 8

E. CONCLUSION 9

A. BACKGROUND

Most public payers align cancer drug funding criteria with the clinical trials that supported its use and which were recommended for public funding through an established Health Technology Assessment (HTA) process. The Ontario Public Drug Programs (OPDP) and Cancer Care Ontario rely on drug-funding decisions made through informed decision-making based on objective evidence. In a public system, we have a dual responsibility – delivering high-quality care to patients and spending health-care dollars wisely to produce the greatest value for patients and society.

Increasingly, public payers are being asked to cover the cost of publicly funded drugs used during clinical trials, even though the use of the drug may differ from how it was administered in the original trials. Public payers are also being asked to reimburse publicly funded drugs for patients whose disease has progressed after clinical trial participation, even when patients no longer meet the eligibility criteria. This raises questions about how to balance the competing demands of fiscal responsibility and evidence-based coverage with support for clinical research and patient access to what are expected to be beneficial treatments.

The OPDP and Cancer Care Ontario recognize the central role that clinical trials research has in improving patient care and health system performance and developed the *Clinical Trials Policy: Cancer Drug Reimbursement within the Context of Clinical Trials* version 1.0 in May 2013. The policy outlines the principles, criteria, and processes used to determine whether or not publicly funded drugs will be publicly funded if used within or subsequent to participation in a clinical trial.

Between the summer of 2013 and the fall of 2015, Cancer Care Ontario and the MOHLTC facilitated numerous consultation sessions with various stakeholder groups (i.e., researcher community, clinicians, hospital administrators, patient groups, pharmaceutical manufacturers) to develop version 2.0 of the policy.

In April 2014, a new systemic treatment funding model was implemented in Ontario to fund the administration and delivery of evidence-informed chemotherapy regimens, including the preparation and delivery of treatment for patients on clinical trials. Cancer Care Ontario's Systemic Treatment-Quality Based Program (ST-QBP) and Provincial Drug Reimbursement Programs (PDRP) collaborated to streamline the intake and assessment process of clinical trial applications.

In January 2016, Cancer Care Ontario published version 2.0 of the policy, entitled *Reimbursement of Publicly Funded Cancer Drugs within the Context of Clinical Trials*. The policy was open for stakeholder feedback between January 29, 2016 and April 29, 2016.

B. PURPOSE OF THE REPORT

This report documents the consultation process, summarizes the feedback received during the three month consultation period, and highlights revisions that were incorporated into version 3.0 of the policy: *Public funding of cancer drugs and their administration within the context of clinical trials.*

C. HOW WE CONSULTED

Cancer Care Ontario published version 2.0 of the draft policy entitled *Reimbursement of Publicly Funded Cancer Drugs within the Context of Clinical Trials* on its website on January 29, 2016 in order to seek feedback from interested stakeholders over a three month period.

During the consultation period, Cancer Care Ontario and the MOHLTC received letters representing stakeholders from four pharmaceutical companies, five clinical trial research groups and ten oncology patient groups.

In June 2016, Cancer Care Ontario and the MOHLTC met to review the stakeholder feedback to inform the next iteration of the policy and supporting documents (i.e., FAQ, patient information).

D. SUMMARY OF FEEDBACK RECEIVED

Overall, there was general support for the principles and intent of the policy.

Some stakeholders felt that more clarity or flexibility was still needed in some areas of the policy in order to reduce potential negative impacts to patients who want to try investigational cancer treatment options and participate in clinical trials conducted in Ontario. They wanted more assurance that patients participating in clinical trials would have the same opportunities to access publicly funded cancer drugs as patients who do not participate in clinical trials. Stakeholders submitted feedback and recommendations to support their perspectives.

Intent

Summary of feedback

Stakeholders perceived the policy to be a mechanism for the health system to save costs, which may inadvertently impact investment in clinical research. They worried if savings accrued from the policy could be outweighed by a reduction in cutting edge clinical talent and research infrastructure, and impact access to new technologies in the province.

Stakeholders were also concerned that the policy would lead to unethical care if patients are denied standard of care treatment, or would lead to less patients enrolling in clinical trials, and less clinical trials being conducted in Ontario.

Cancer Care Ontario's response

The intent of the policy is to clarify how access to public cancer drug funding may be affected by participation in a clinical trial, both during or subsequent to a trial. The intent is to clearly outline how the criteria and circumstances are assessed and applied.

The intent of the policy is not to reduce clinical research in Ontario or impose barriers for patients to access new technologies in the province or publicly funded cancer drugs when patient meet funding policies.

To date, the majority of clinical trial applications were assessed as aligned to existing drug funding criteria (i.e. clinical trial participants would be eligible to access publicly funded cancer drugs). Cancer Care Ontario is committed to publicly reporting indicators on the volume of assessed clinical trials and their assessment outcomes. These indicators will be published alongside the detailed clinical trials assessment table on Cancer Care Ontario's Systemic Treatment Clinical Trials webpage, which has been published since April 2016.

Principles

Informed Consent - Summary of feedback

Stakeholders were concerned that the policy did not sufficiently address Cancer Care Ontario's role in the informed consent process. It was argued that full responsibility should not lie solely with the investigator; they encouraged Cancer Care Ontario to play a role in the informed consent process.

In addition, although Cancer Care Ontario encourages applications to be submitted early, stakeholders felt that submitting an application simultaneously to Cancer Care Ontario and a research ethics board could potentially delay research ethics board decisions as they may need to wait for confirmation on funding implications prior to patient recruitment as the implications would need to be documented in the informed consent materials.

Informed Consent - Cancer Care Ontario's response

This policy establishes a framework and process for evaluating the funding implications associated with participation in a clinical trial. Cancer Care Ontario is committed to supporting the informed consent process and intends to work with external partners (i.e., clinical trial research units and Ontario Cancer Research Ethics Board) to enhance it by providing guidance to investigators when a trial design may affect a patient's ability to access publicly funded cancer drugs. Identified funding implications will be described in the assessment form that is sent back to the applicant. Cancer Care Ontario recommends that applicants submit a completed application as soon as the information is available, whether prior to or simultaneously with a submission to Research Ethics Board review.

Application Screening Criteria

Subsequent funding implications – Summary of feedback

Some stakeholders suggested that the sole responsibility of identifying potential cancer drug funding implications should not fall on the applicant and proposed that Cancer Care Ontario play a role in this.

Subsequent funding implications – Cancer Care Ontario response

The policy was updated with the following statement to reflect the above suggestions:
"*Potential cancer drug funding implications associated with clinical trial participation, particularly those related to the use of publicly funded cancer drugs subsequent to participating in a clinical trial, should be identified in the application (e.g., when eligibility criteria for the requested cancer drug funding policy may not be met if the patient participates in a clinical trial). Cancer Care Ontario may identify additional potential policy implications in the context of its evaluation and will communicate to the Applicant via the assessment.*"

Application Form – Summary of feedback & Cancer Care Ontario response

Cancer Care Ontario received suggestions to revise the application form and a number of minor changes have been implemented.

Assessment Criteria

Line of Therapy – Summary of feedback

Stakeholders commented that line of therapy was poorly defined in the policy and they were unclear whether a clinical trial was considered a line of therapy. Some argued that since clinical trials are investigative, they should not be considered a line of therapy. Stakeholders expressed concern that considering a trial as a line of therapy may result in patients not having access to publicly funded cancer drugs subsequent to a clinical trial and will lead to less patients enrolling in a clinical trial.

Many stakeholders articulated that the concept of 'lines of therapy' should be abandoned in favour of the concept of 'exposure or experience', noting that this is becoming more of the norm in clinical practice in some diseases.

Stakeholders highlighted that patient participation in clinical trials funded by sponsors would result in cost savings to the public healthcare system as there would be fewer patients treated with subsequent lines of publicly funded cancer therapy.

Line of Therapy – Cancer Care Ontario response

Cancer Care Ontario has revised the definition of line of therapy. The following definition has been incorporated into the glossary of version 3.0:

"For many cancers, a sequence of standard treatment options is used. A line of therapy refers to a place in this sequence. Historically, clinical trials and health technology assessments of cancer drugs have been established on lines of therapy and consequently, lines of therapy have been included in the eligibility criteria of publicly funded cancer drugs. As a general principle, a cancer drug used within a clinical trial is considered a line of therapy. In certain circumstances, it may be reasonable to consider the cancer drug, biologic or regimen used within a clinical trial as an investigational line (i.e., not a line of therapy) if any of the following applies:

- *Sufficient evidence does not exist for that cancer drug in that type of cancer and treatment setting (e.g., metastatic or adjuvant).*
- *The cancer drug does not have a Health Canada Notice of Compliance (NOC) for the requested indication.*
- *The cancer drug is used in a dose, route or schedule substantially different from the publicly funded method of administration.*
- *The cancer drug is used in combination with other drugs for an indication for which the combination is not publicly funded even if each of the individual agents is publicly funded for the clinical indication."*

The intent of this policy is not to discourage clinical trial research in Ontario, but rather to clarify how access to public cancer drug funding may be affected by participation in a clinical trial, both during or subsequent to a trial.

Cancer Care Ontario is committed to publicly reporting assessments and indicators on the volume of assessed clinical trials and their outcomes.

Cancer Care Ontario recognizes that in some disease sites the concept of line of therapy is being abandoned in favour of the concept of exposure to or experience with certain drugs. We recognize that this is a concern and it will continue to be discussed with the clinical community as new drugs are approved for public funding and existing cancer drug funding criteria are revised.

Cost Analysis – Summary of feedback

Version 2.0 of the policy indicated that "the drug prescription may be altered (e.g., dose, schedule) subject to a cost analysis". Stakeholders requested clarity as to the requirements of a cost analysis, specifically:

- What type of analysis would be required?
- Who would be responsible for completing an analysis?
- Would Cancer Care Ontario identify a specific range of costs that would be acceptable?
- Would applicants be required to provide a cost analysis as part of the application process?

They also commented that funding should not be rejected in the case of increased efficacy and duration of therapy.

Cost Analysis – Cancer Care Ontario response

Each application will be assessed on a case-by-case basis. Cancer Care Ontario will evaluate the cost differential of the regimen studied in the clinical trial with the currently funded regimen. There is no need for applicants to provide a cost analysis up front but they do need to provide the regimen and dose information in their application to inform Cancer Care Ontario's evaluation.

The policy has been revised to reflect that "*additional treatments, cycles, duration of therapy, cumulative dose or duration of administration for the publicly funded cancer drug that is significantly different from the approved cancer drug funding policy criteria will not be funded".*

Cross Resistance – Summary of feedback

Stakeholders raised concerns that certain drugs in the same pharmacological class do not necessarily have cross-resistance with every other drug in that class.

Where scientific evidence already exists, stakeholders see no need for content expertise in this part of the decision-making process. It was suggested to compose a list of all drugs in the same class which do not automatically create cross-resistance, and that the drugs contained should be excluded from the requirement of content expertise in the decision-making process.

Cross Resistance – Cancer Care Ontario response

Cancer Care Ontario recognizes that cross resistance among drugs is difficult to assess and has therefore removed it from the policy and the application form. If applicable, applications will be assessed on a case-by-case basis.

Review Process

Summary of feedback

Some stakeholders requested that applicants should be able to submit documents for an informal, non-binding, expedited review in advance of a detailed formal review, at the time of their global study feasibility stage.

Cancer Care Ontario response

It is recommended that applicants submit a completed application for review as soon as the information is available. This can be submitted prior to or simultaneously with a submission to a Research Ethics Board for review.

Upon receipt of a completed application, Cancer Care Ontario will aim to provide a full assessment to the applicant within 30 days. Cancer Care Ontario's turnaround time may be extended if additional information is required or if the assessment is complex and requires further consultation.

Funding Criteria– Summary of feedback

Stakeholders brought forward concern with the policy statement "*It is important to note that funding criteria can change over time. Screening for congruency with the current funding criteria does not equate to pre-approval of subsequent lines*", as it creates uncertainty as to whether drugs used subsequent to trial would be publicly funded. They felt that this would deter patients from enrolling in a clinical trial.

Funding Criteria– Cancer Care Ontario response

Cancer Care Ontario acknowledges that clinical trial assessments may change over time as a result of changes in publicly funded cancer drug policies and that this may deter patients from participating in clinical trials due to the uncertainty of accessing publicly funded cancer drugs subsequent to clinical trial participation. The intent of the policy is to clarify how access to public cancer drug funding may be affected by participation in a clinical trial, both during or subsequent to a trial. In the event that Cancer Care Ontario becomes aware that new information may impact the assessment of a clinical trial, Cancer Care Ontario will re-evaluate the application(s), inform the original applicant if there is a change in the assessment, and update the clinical trials assessment table posted on Cancer Care Ontario's Systemic Treatment Clinical Trials webpage.

For example, if a clinical trial is investigating the efficacy of a biosimilar and there is no evidence at the time of application, the biosimilar would have been assessed as "an investigational line" and the application would be deemed aligned. Patients would have access to all publicly funded cancer drugs subsequent to trial. If evolving clinical evidence eventually demonstrates that the biosimilar provides the same clinical benefit as the publicly funded cancer drug, and there are no safety concerns, the application may be reassessed as not aligned and patients may not have access to some publicly funded cancer drugs used subsequent to trial. Such decisions would be based on clinical and scientific evidence.

Conversely, existing eligibility criteria for a cancer drug may be expanded to include a wider patient population or broader criteria for coverage and a previously assessed clinical trial which was deemed not aligned may now be revised to aligned.

Resubmission and Reconsideration

Summary of feedback

Some stakeholders requested that a specific timeframe be identified in the policy for when applicants can file a resubmission after receiving the final assessment form.

Stakeholders also asked for clarification on the definition of reconsideration, specifically as to why new information or evidence would not be accepted.

Cancer Care Ontario response

Cancer Care Ontario amended the definitions of resubmission and reconsideration as outlined below:

Resubmission:

"The applicant may file another submission following an initial application with an assessment of "not aligned" if the applicant has new evidence or pertinent information that may change the assessment. To resubmit, the applicant must highlight the new information on the initially submitted application form and email it to clinicaltrials@cancercare.on.ca. Cancer Care Ontario will review resubmissions filed at any point after a negative assessment.

Cancer Care Ontario will aim to provide a re-assessment to the applicant within 30 days. Turnaround times may be extended if additional information is required or for complex requests that require further consultation with disease site experts and/or the MOHLTC."

Reconsideration:

"Within 30 days of the date specified on the final assessment, the applicant may request a reconsideration of an initial application or a resubmission request with a negative assessment (i.e., not aligned), if the applicant believes the assessment criteria were wrongfully applied to the application but does not have

new evidence or pertinent information that may change the assessment. The applicant must file for reconsideration to clinicaltrials@cancercare.on.ca with the following information

1. *Identify and explain which criteria were wrongfully applied.*
2. *Describe how the drug funding policy was incorrectly applied or interpreted.*

The reconsideration will be reviewed by a panel, which may include disease site specific experts, Cancer Care Ontario program staff and clinical leads, and MOHLTC program staff who may or may not have previously assessed the application.

No new information will be allowed in the case of a reconsideration. Applicants with new information should file a resubmission, as described above."

E. CONCLUSION

Cancer Care Ontario and the MOHLTC were committed to an extensive consultation process on version 2.0 of the policy, *Reimbursement of Publicly Funded Cancer Drugs within the Context of Clinical Trials,* from the time it was published on January 29, 2016.

All stakeholder feedback was given careful consideration and many of the recommendations were used to revise and strengthen the policy.

Measuring the effect of the policy is a priority for Cancer Care Ontario and the MOHLTC. Cancer Care Ontario will be developing an evaluation framework to analyze the implementation of the policy and the effects on the cancer drug funding programs.

Cancer Care Ontario will continue to work with external partners on the informed consent process and the evaluation framework.

If you have any queries about this report or the consultation process please email Clinicaltrials@cancercare.on.ca.