



PAN-CANADIAN
ONCOLOGY DRUG REVIEW

Ensuring Value to Patient Submissions to Health Technology Assessments

Hosted by: Consumer Advocare Network

February 15, 2011

Courtyard Marriott, Toronto

The pan-Canadian Oncology Drug Review

A newly established process to assess the clinical evidence and cost effectiveness of new cancer drugs, and to use this information to make recommendations to the provinces and territories in guiding their drug funding decisions.

pCODR Guiding Principles

- Accountable governance
- Collaborative and representative
- Efficient and effective
- Continuous evaluation
- Health system focused
- Evidence-based
- Committed to excellence
- Ethical

Patient engagement under the pCODR process

- P/T Deputy Ministers of Health direction:
 - Ensure patient / public voice is represented on the pCODR Expert Review Committee
 - Look at adopting current Canadian approaches to obtaining patient input during HTA
- pCODR struck a Stakeholder Engagement Working Group to review existing approaches in Canada (QC, ON, CDR, BC) and internationally (NICE, SMC) for methods to solicit input from patients/patient groups
- Input also requested during stakeholder sessions with patient groups in late November and early December

Patient representation on pCODR Expert Review Committee

- Two individuals with a personal knowledge of, experience with, and understanding of, issues related to cancer and its management
- Demonstrated understanding of patient needs and priorities
- Overall understanding of other patient issues, health care concerns that may impact cancer patient communities
- Willingness to absorb technical information in preparation for meetings
- Above are in addition to core pERC member qualifications, which include (but not limited to):
 - act with integrity, independent of specific interests
 - relate to and respect a diverse range of values, beliefs
 - gain respect and credibility with a diverse range of stakeholders and the wider public

Patient input during pCODR review process

- To begin, pCODR will provide two opportunities for input by patient groups during the review of a specific submission
- The first opportunity: At the outset of a review, patient input will be used to establish review protocol as well as for direct consideration by the pCODR Expert Review Committee
- The second opportunity: After an initial recommendation is issued, when affected stakeholders can equally provide feedback on a recommendation before it becomes final

How will patient input be used in the pCODR review process?

- Initial input will help set the review protocol by being integrated into relevant sections of both clinical and economic guidance reports e.g., scope, outcomes of interest, minimal clinically important difference
- pERC will also have, as one part of its overall deliberative framework, a discussion on patient based values which bear on the appropriate use and impact of the drug
- Feedback on an initial recommendation (from a variety of stakeholders, including patient groups) will go back to pERC for further consideration. Recommendation may or may not change before becoming final.

Future work for pCODR on patient engagement

- Patient engagement in HTA is evolving. pCODR is interested to work with its national and provincial partners to share and learn from each others experiences.
- Patient input is one new, important component, to the overall HTA process. pCODR is interested to see how to best integrate patient input with other aspects of HTA.
- Patient groups are at various states of readiness to participate in HTA. pCODR is interested to explore capacity enhancement within the patient community.

Questions?