



The pan-Canadian Cancer Drug Funding Sustainability Initiative Stakeholder Consultation

June 8, 2017

Dear Colleague,

On behalf of the Canadian Association of Provincial Cancer Agencies Board of Directors, thank you for participating in the cancer drug funding sustainability initiative consultation process. Your input and feedback will help ensure that Canadians continue to have access to evidence-based, innovative cancer medicines.

As we review and consider how best to move forward, we want to share a summary of the themes that emerged from the consultation process, and outline our immediate next steps.

THE CONSULTATION

The Canadian Association of Provincial Cancer Agencies (CAPCA) with input from its partners – the Canadian Partnership Against Cancer (CPAC), CADTH, and the pan-Canadian Pharmaceutical Alliance (pCPA) – launched an intensive stakeholder consultation process in January 2017 as our approach to addressing drug funding sustainability was being developed and refined.

To date, hundreds of stakeholders from across Canada have participated through one or more of the following channels:

- Two webinars in January and February 2017 that attracted more than 200 representatives from patient advocacy groups and the pharmaceutical industry, and 70 clinical leaders.
- Four in-person roundtables starting in February in Vancouver, Toronto in March and two in Ottawa in April with more than 70 representatives from patient advocacy groups and the pharmaceutical industry. While the format for each was similar, the level of discussion deepened at each subsequent event.
- Two in-person roundtables for clinical leaders, one in Toronto in April and a second in Calgary in early June, after which more than 80 clinical leaders from across Canada will have participated.
- An online survey that generated 16 distinct submissions and more than 75 pages of content, with consistent feedback about: opportunities to address the collection and analysis of real world evidence; reducing funding inconsistencies across provinces and between intravenous and oral forms of chemotherapy; and ensuring continued access to evidence-based, clinically effective innovative cancer drugs.

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WHAT WE HEARD

Across these feedback channels, a number of common themes emerged:

1. Efforts to ensure continued timely access to innovative, evidence-based cancer treatment for Canadians is vital. If CAPCA continues to lead this work, it should focus on preserving access to cancer treatment and avoid language that might suggest a singular focus on cost-containment.
2. Stakeholders expect meaningful, ongoing opportunities for their voices to be heard, which builds on the approach CADTH has embedded into pCODR. From a patient advocacy perspective, there was consensus that the patient voice is essential and should be represented on the Cancer Drug Implementation Advisory Committee (CDIAC).
3. CAPCA's creation of CDIAC was news to many, and obtaining information about the committee was deemed difficult. There was strong support for CAPCA to be transparent about CDIAC's role in the drug funding sustainability initiative and its relationship to other aspects of the existing system.
4. Many of the features of Canada's drug review and approval system are among the best and most innovative in the world, but the process is already complex, so every effort should be made to improve efficiency and reduce, or ideally eliminate, duplication of effort. Consultation participants wonder if there is an opportunity to consolidate efforts by folding some of the work that CAPCA is leading into another national or pan-Canadian entity to improve overall timeliness of the review process.
5. Over time, the current approach of funding pilot projects and assessing the applicability of real-world evidence should be enhanced and expanded. Consultation participants voiced a commitment to this goal, and many offered similar opinions about the disconnected way in which real-world evidence is being addressed currently and the lack of a central coordinated effort.
6. Everyone is concerned about workload, especially clinical and patient advocacy group leaders engaged in drug review and approval processes. Many patient advocacy groups commented on the amount of time required to gather meaningful patient information, and many clinicians said that they were feeling pressure as patient numbers increase, treatments become more complex and more targeted, and the number of tables at which their opinion is being sought grows. Maximizing opportunities to seek and use patient and clinical input through pCODR or CAPCA's drug funding sustainability work was strongly supported.

OUR NEXT STEPS

We reviewed every submission and received regular updates throughout the consultation process from CAPCA staff. Additionally, we were able to meet with participants at the Vancouver, Toronto, and Ottawa roundtables.

The views of everyone who participated have been considered and discussed by the CAPCA Board—whose members lead provincial cancer programs—and we have begun discussions with Assistant Deputy Ministers—who manage provincial drug budgets.

As a result of these discussions, CAPCA will be moving forward with five immediate next steps:

1. Evaluate the impact of our work through the development and assessment of key performance indicators. Our commitment is to ensure that this step does not slow drug funding decisions.
2. Actively explore how to identify appropriate patient and public representatives to join CDIAC to ensure that patient and public voices are represented.
3. Make public the CDIAC membership, mandate, and current process for providing drug funding recommendations to provincial Ministries of Health.
4. Continue to explore with publicly funded organizations how to enhance and expand approaches to collecting, analyzing and using real-world evidence in discussions about provincial reimbursement and the price of cancer drugs, and explore the experiences of other jurisdictions through discussions with international entities and the pharmaceutical industry.
5. Seek the perspectives of stakeholders about the possible transition some or all of the work currently being led by CAPCA to another, more appropriate pan-Canadian or national entity.

Your input and our discussions over these last few months demonstrate that we share a commitment to ensuring that Canada's cancer system continues to be among the best in the world and that Canadians continue to have access to innovative, evidence-based cancer drugs. With your ongoing support, we will be able to achieve both while addressing the challenges posed by the rising cost of cancer treatment and the challenges that lie ahead.

On behalf of the CAPCA Board of Directors, I would like to thank you again for your input. We look forward to working together on our drug funding sustainability initiative.

Sincerely,

A handwritten signature in cursive script that reads "Michael Sherar".

Michael Sherar

Chair, CAPCA Board of Directors