Meeting Name: 2014 Canadian Agency for Drugs and Technologies in Health (CADTH) Symposium – April 7-8, Gatineau, Quebec

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Meeting Overview/Background

The symposium agenda covered a range of topics of interest to CAPA, including subsequent entry biologics, patient input into drug reviews, etc.

Daily breakdown of activities/sessions

Day 1
The opening remarks from the CADTH President (Brian O'Rourke) noted that patient input will be important for years to come. The Honourable Fred Horne, Minister of Health for the province of Alberta, made other opening remarks and noted that he is looking at a pan-Canadian strategy for drug coverage.

The plenary session was a high level discussion on "Why on Earth should we fund that?" Brent Fraser, director of Ontario Drug Formulary, noted that when reviewing drugs in Ontario, there needs to be cost effectiveness AND clinical benefits. There are situations where this isn't clear though this brings up bigger issues. Mark Schaan of Industry Canada noted that cost savings of health technologies are not just short term but a patient could go back to work earlier.

Workshop - Exploring the Tough Questions about Patient Input in Drug Appraisals

Other patient organizations noted that it can be difficult to obtain the opinions of patients who have taken the drug. Different approaches have been taken such as using social medic, asking the patients on clinical trials
It is important to highlight the opinions of patients. Often system wide costs are easiest to determine but patients need to highlight the societal costs, e.g. impact on their lives, family, etc.

The CADTH President asked about how close patient groups work with industry. The response was that patient groups are independent and determine their input on their own.

Workshop - High Impact Patient Input: How to Effectively Establish Patient Values

A presentation was made by NICE – an organization similar to CADTH in the UK. They give patients training and orientate them to how NICE operates, systematic reviews. Patients also give input when the drug review committee determines their recommendations. More information is available on their website @ http://www.nice.org.uk/getinvolved/patientsandpublic/patientandpublichome.jsp

CADTH also made a presentation and spoke about the patient input process. The presenter, Elaine MacPhail, noted that outcomes are important. Patient groups need to identify the unmet needs and the risks, benefits and acceptability of treatment. Patient preferences also need to be highlighted. It was noted that CADTH will be reviewing the template and guide for SEB's and drugs for rare diseases.

Workshop on Appropriateness of Care – The Choosing Wisely Campaign

The workshop focused on the Canadian Medical Association led initiative "Choosing Wisely". It is a campaign to help physicians and patients engage in conversations about unnecessary tests, treatments and procedures, and to help physicians and patients make smart and effective choices to ensure high-quality care.

Points of interest during the workshop include:

- Delisting services will not work
- Sometimes patients prefer tests as it is viewed that doing nothing is not an appropriate option;
- Fear of litigation
- Referring physician wants the test.

Day 2

The plenary session was a high level discussion on ""Big Ticket decisions in Canadian Hospitals".

Workshop - Health Technology Assessment of Biosimilars (SEBs): A Canadian Perspective

Cheryl Koehn, of Arthritis Consumer Experts (ACE) did a great presentation on the patient perspective. Her full presentation can be found here. The presentation speaks for itself but she highlighted that SEB's require the same rigour as other drugs and is concerned that the savings expected are only imagined.

Points of interest during the workshop include:

- Jian Wang of Health Canada noted that there is less clinical data required for the approval of SEB's in terms of efficacy but more data required in terms of the quality of the drug. There are concerns around immunogenicity of SEB's. This means that patients' immune systems will react negatively to a drug and the drug may not work or the patient may experience side effects.
- In 2010, Health Canada sent a letter to the provincial drug plans highlighting that SEB's are NOT generic biologics and are not bio-equivalent. Health Canada also noted that repeated switches in biologics may increase immunogenicity side effects.
- CADTH mentioned that SEB's will undergo a CDR review as they are not generic version of the reference product and there is uncertainty regarding the extrapolation of data. CADTH will look at the patient input template and see if it makes sense for reviewing SEB's.
- In terms of the payer point of view (e.g. private drug plans, provincial formularies), they will look at SEB's and see if they can be used as there are some cost savings with the use of these drugs.

Workshop - Drugs for Rare Disorders: How Much Evidence Do We Really Need?

Points of interest during the workshop include:

- Rare disorder affects 5 in 10, 000 or 1 in 2,000 people.
- It would take 500 years to develop therapies for rare diseases so the same approach cannot be used
- Health Canada is looking to align internationally and offer joint advice with the EMEA and structure patient input to the regulation. This is likely to happen after the Royal Assent of Bill C17 (*Protecting Canadians from Unsafe Drugs Act (Vanessa's Law) Amendments to the Food and Drugs Act*) which is expected in Fall 2014.
- CADTH will move forward and do something even though the legislation is not out.
- Questions were raised regarding why the drugs are so expensive. An individual from the BC Ministry of health noted that a reduced price is important given the pressures on provincial drug budgets.