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ABSTRACT
Background: The pan-Canadian Oncology Drug Review (pCODR) was established to assess the clinical and economic evidence of new cancer drugs and provide provinces/territories with recommendations on reimbursement to guide drug funding decisions. We analyzed these recommendations to identify trends.

Methods: Recommendations publicly accessible at www.pcodr.ca were reviewed since pCODR’s operation: 13 July 2011 - 17 May 2013.

Results: Sixteen drug applications were considered by pCODR. These included nineteen indications, of which fourteen received positive recommendations; three suggested a more limited patient population than the one requested; nine were recommended for the requested population but conditional on improved cost-effectiveness; and two received a positive recommendation for the requested population without conditions. Five negative recommendations were made due to: a) limitations in evidence from open-label, phase two trials, b) modest progression-free survival, lack of statistically significant overall survival, lack of quality of life data and poor cost-effectiveness, and; c) unclear clinical benefit and an unacceptable cost-effectiveness model. Many economic reviews included re-analyses (e.g., limiting post-progression benefits, time horizon reductions, or changes to post-progression mortality risk) which had substantial impact on cost-effectiveness.

Conclusions: The new pCODR process highlights the value of robust clinical data in informing positive recommendations. The positive conditional recommendations clearly support a continued provincial product listing agreement structure that includes rebates to lower cost-effectiveness. Lastly, the economic re-analyses minimizing the post-progression survival benefits suggests manufacturers include a thorough discussion of their survival extrapolation methods and include sensitivity analyses to examine the impact of alternative methods that curtail post-progression survival benefits.