

# From JODR to pCODR

## ONE STEP CLOSER, BUT MILES TO GO

by COLLEEN SAVAGE

Nine provinces have been collaborating on drug reviews for cancer drugs—to determine which drugs should be covered for their citizens—since March 2007. The initial, interim process was evaluated after one year and then silence, until January 2010. The Conference of Deputy Ministers of Health has now approved the creation of a permanent body to conduct these reimbursement reviews on behalf of the same nine provinces (all but Quebec).

Fundamentally cancer groups are encouraged to see efforts at inter-provincial collaboration in these reviews. The uneven coverage of cancer drugs by provinces might begin to be resolved if all have the same expert advice. The Steering Committee is now actively planning for the Pan-Canadian Oncology Drug Review (pCODR) to be formally created in the Fall of 2010.

The planning phase has a few landmines in operational and process questions. These details are not minor; they include selection and training for a drug review committee, a new process for drug reviews and for patient engagement, along with new expectations for transparency.

Among the dilemmas facing this group is how to contend with the issue of value judgements. After all the clinical and expert reviews, after the cost-benefit analysis, pCODR will have to do exactly what the provinces always do: decide whether a drug is too expensive to use. That is the crux of the advice pCODR will offer to provinces. It is also the judgement call that potentially puts Canadian cancer patients into financial catastrophe.

To date there has been no transparency in how the provinces make that judgement, and none promised from this new group. Instead, two patient representatives on the review committee will participate in discussions, theoretically bringing balance to the inherent bias of the “affordability” question.

### Proposed pCODR Steering Committee

- Six senior level Provincial/Territorial representatives
- Four senior level cancer agency representatives
- One (observer) representative from the Canadian Agency for Drugs and Technologies in Health (CADTH)
- One (observer) representative from the Canadian Partnership Against Cancer (CPAC)

### Proposed pCODR Drug Review Committee

- Two consumers/patient representatives
- Five to seven cancer specialists (oncologists)
- One “non-oncology” physician
- Two pharmacologists
- Two health economists
- Two pharmacists
- Ethics expertise

In the absence of formal, consistent and transparent direction, such opinion-laden discussions will remain mysterious.

What is the price tag for “too expensive” and what is the amount of time in extended life that makes a drug worth the money or not? Whose “evidence” creates these limits?

Part of this particular dilemma arises from the nature of the pharmacoeconomic review, where the submission guidelines are known but the rules for assessing this information are oddly fluid. According to the Ontario ministry, where JODR has been housed since 2007: “This, however, does not directly address the issue of what constitutes low (economically attractive) or high (economically unattractive) ratios. This is a qualitative and subjective judgement, that will vary according to the resources available to the jurisdiction making that decision.” ([http://www.health.gov.on.ca/english/providers/pub/drugs/economic/econ\\_ratios.html](http://www.health.gov.on.ca/english/providers/pub/drugs/economic/econ_ratios.html))

Transparency means more than allowing two patients to enter the room. It must mean that the process, instructions, guidance, boundaries—the rules of the game—are open to scrutiny. If balance is the surrogate for transparency and clarity, then cancer patients need more of it.

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### pCODR DRUG REVIEW PROCESS

Source: JODR co-Chair presentation to stakeholders, January 2010

