

Record of Recommendation

Re: Funding bevacizumab (Avastin[®])

June 25, 2007

Discussion facilitated using the Decision Making Framework.

- All present will vote electronically when the vote is called by the chair. The voting process will be completed by 12 noon on July 9th. The decision will be made by a majority with dissenting voters given the opportunity to record their opinion. Dissenting opinions must be recorded within seven days of the result of the vote being announced.
- Core values and principles were reviewed and discussed along with competing obligations, constraints and relevant information.
- Options for a recommendation to the Deputy Minister were reviewed and each option was discussed. Two options were identified at this time:
 - 1) Approval of funding with restrictions
 - 2) Denial of funding
- An analysis of the projected benefits and burden of each option was discussed

Projected Benefits:

- ✓ an increase in median overall survival time of 3.7 months as first line treatment when compared to 5FU/FA (16.6% vs 12.9%).
- ✓ an increase in median overall survival time of 4.7 months as first line treatment when compared to IFL (20.3% vs 15.6%). IFL is no longer used because of toxicity.
- ✓ An increase in median overall survival of 2.1 months as second line treatment when added to FOLFOX (12.9% vs 10.8%) for seven months of treatment.
- ✓ An increase in median progression free survival of 2.4 months as second line treatment when added to FOLFOX (7.2% vs 4.8%) for seven months of treatment.

- ✓ An improvement in overall response rate over current treatment of 12.6% when used as second line treatment (21.8% vs 9.2%) for seven months of treatment.
- ✓ Quality of Life was not compromised with the use of Avastin[®]

Projected Burdens:

- ✓ The estimated cost per quality adjusted life year is approx. \$151,000
 - ✓ Drug cost only per person is approx. \$3,500/month with a median cost per therapy of approx. \$35,350
 - ✓ The annual budget impact is approx \$3.6 million for the province
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Result of Vote:

The vote was conducted electronically. The Committee was asked to vote on the following questions:

Should the Committee support:

1) the funding of bevacizumab (Avastin[®]) in combination with appropriate first line chemotherapy in patients who have documented evidence of unresectable locally advanced or newly diagnosed MCRC with an ECOG performance status 0-2, for whom the combination would be recommended and who choose to receive systemic chemotherapy.

2) the funding of bevacizumab (Avastin[®]) in combination with appropriate second line chemotherapy if bevacizumab was not included in the initial treatment of MCRC patients.

- **For both questions the result of the vote was a clear majority in support of not recommending funding. There were no dissenting opinions recorded.**

