

**TERMS OF REFERENCE**  
**CANCER SYSTEMIC THERAPY POLICY COMMITTEE**  
**For the**  
**CANCER CARE NOVA SCOTIA SYSTEMIC THERAPY PROGRAM**  
January 2008

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**1. PRINCIPLES:**

- Systemic Therapy for malignant disease should be prescribed in Nova Scotia by an appropriately qualified and experienced oncology practitioner according to guidelines and policies of the Systemic Therapy Program.
- The Systemic Therapy Program will develop and maintain a formulary of drugs and protocols used for the treatment of cancers in Nova Scotia. This formulary will become a part of the existing Systemic Therapy Manual for Cancer Treatment, and be available to all stakeholders.
- In the interests of patient safety, quality care and best outcomes, systemic therapy will be prescribed by protocols endorsed by Provincial Cancer Site Teams, approved by the Systemic Therapy Program, and incorporated into the formulary of drugs.
- Protocols in the Systemic Therapy Manual for Cancer Treatment will be evidence-based and guideline-driven to provide standardized, high quality province-wide treatment for malignant disease.
- The cancer formulary will provide an optimal number of choices for treatment of diseases and patients but minimize duplication, overlap and unnecessary expense.
- A values and evidence-based decision making framework developed by the Committee will be used to evaluate cancer therapies and make recommendations to the Deputy Minister of Health regarding additions, changes and deletions to the cancer formulary. This evaluation process includes consideration of 1) relevant core principles and values: beneficence, health equity, efficiency, sustainability and justice, and 2) research-based evidence regarding survival advantage, quality of life, cost effectiveness, and patient comfort/convenience. The framework also includes an appeals process.
- Changes including additions, deletions and expanded indications for chemotherapy and related supportive care drugs and regimens may be recommended to the Cancer Systemic Therapy Policy Committee by the Capital Health Oncology Therapy Subcommittee and Atlantic or National Expert Advisory Committees. The Cancer Systemic Therapy Policy Committee (CSTPC) will make changes to the cancer formulary as necessary and appropriate.
- Delivery of cancer systemic therapy should be done according to provincial standards, policies and procedures, to ensure safe and efficient processes when ordering, preparing and administering these agents.

## **2. MANDATE:**

- The CSTPC will monitor and support the operations of the CCNS Systemic Therapy Program for cancer patients in Nova Scotia, including the surveillance of systemic therapy volumes and cost, relative to a provincial cancer formulary.
- The CSTPC will make recommendations regarding the introduction of new agents, new therapies and new indications for, additions to and modifications of the cancer formulary.
- The CSTPC will recommend adjustments to the Department of Health and to the District Health Authorities budgets for the addition of new agents, therapies and/or indications, as well as identify significant workload implications in the delivery of cancer systemic therapy that need to be addressed through the business planning process.
- The CSTPC will consider the implications of oral and home-based systemic therapy and direct these issues to the appropriate committee of the Department of Health.
- The CSTPC will consult as appropriate with outside stakeholders.

## **3. MEMBERSHIP:**

The Chair of the Cancer Systemic Therapy Policy Committee will be appointed by the Deputy Minister of Health, for a two year term. Chair may be reappointed once.

Cancer Systemic Therapy Policy Committee membership will be appointed by the Deputy Minister of Health and includes representation from the following:

- Department of Health
- District Health Authorities
- Cancer Care Nova Scotia
- Medical Oncologist (adult)
- Hematologist (adult)
- Medical/Hematology Oncologist (pediatric)
- Pharmacist (clinical & administrative)
- Health Economist
- Medical Ethicist
- Member of the Public
- Cancer Survivor
- Social Worker
- Front Line Oncology Nurse
- Patient Navigator
- Other Health Sector Participant (eg Public Health)

Members are appointed for two-year renewable terms. Resumes of all members will be kept on file.

Members may appoint one Alternate yearly to attend meetings in the event they cannot attend. The name, contact information and résumé of their Alternate must be provided to the Chair by September 30<sup>th</sup> of each year. Alternatives must be approved by the Deputy Minister.

Members who miss more than two regularly scheduled meetings annually (in person or by conference call), without an alternate, will be asked to step down unless there have been

extenuating circumstances approved by the Chair. It is expected that members participate in a minimum of two-thirds of the Committee's regular meetings.

**4. COMMITTEE SUPPORT:**

Pharmaceutical Services of the Department of Health will act as the secretariat to the Committee and will provide secretarial support for the purposes of minute taking.

**5. MEETINGS:**

The CSTPC will meet a minimum of 5 times per year.

**6. QUORUM:**

Seventy percent of the appointed membership.

**7. CONFLICT OF INTEREST:**

Committee members must declare any real or perceived conflict of interest at the beginning of each meeting according to the Conflict of Interest Guidelines. In situations where any real or perceived conflict of interest arises in the course of the committee's work, members must declare their conflict and the other committee members will determine the extent of the member's participation in committee discussions and/or voting.

**8. CONFIDENTIALITY:**

The deliberations of this committee are confidential and members must sign a confidentiality agreement consistent with government policy upon appointment to the committee.

**9. DECISION MAKING:**

Decisions can only be made if there is a quorum. When the Decision Making Framework is applied, resulting in a recommendation to the Deputy Minister, 7 days are given for further consideration before the vote is called. The vote is conducted electronically by the Chair with a decision being made by a majority. Committee Members and Alternates present for the full discussion and application of the Decision Making Framework are required to vote. Members absent during the full discussion cannot vote. The Chair will only vote in the event of a tie.

Committee decisions that do not need the Deputy Minister's approval may be made by consensus. Consensus means a majority supported recommendation that dissenters 'can live with' without the need to record their dissenting opinions. When consensus cannot be reached a vote will be taken to determine majority opinion and respectfully record dissenting opinions.

**10. REPORTING:**

The Chair will report to the Deputy Minister of Health.

Recommendations of the Committee will be sent to the Deputy Minister of Health for consideration.

An annual report will be written and provided to the Deputy Minister of Health.

**11. COMMUNICATION OF DECISIONS:**

CSTPC will make recommendations to the Deputy Minister of Health. Final decisions will be communicated to the Districts by a letter from the Department of Health to the Chief Executive Officers of the District Health Authorities, and copied to District Chief Financial Officer, the District Cancer Care Program Directors, the District Directors of Pharmacy.

District CEOs will be asked to report back to the committee on the disposition of the recommendations.

**12. MEETING EXPENSES:**

Reasonable expenses will be reimbursed according to Nova Scotia Government Policy.

Approved by: \_\_\_\_\_  
Deputy Minister of Health

Date Approved: \_\_\_\_\_