

Novocure (Tumor Treating Fields)

Draft Key Questions: Public Comment & Response

August 11, 2015

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Novocure (Tumor Treating Fields)

**Response to Public Comments on
Topic and Key Questions**

August 11, 2015

Prepared by:

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Response to Public Comments, Topic and Key Questions

Novocure (Tumor Treating Fields)

Hayes, Inc. is an independent vendor contracted to produce evidence assessment reports for the WA HTA program. For transparency, all comments received during the comments process are included in this response document.

Draft key questions for each WA HTA report are posted online in order to gather public input and any additional evidence to be considered in the evidence review. Since key questions guide the evidence report, WA HTA seeks input on whether the questions are appropriate to address its mandate to gather evidence on safety, efficacy, and cost-effectiveness relevant to coverage determinations. Input about the following is especially helpful:

- Are appropriate populations or indications identified?
- Are appropriate comparators identified?
- Are appropriate patient-oriented outcome measures included?
- Are there special policy or clinical considerations that could affect the review?

Comments related to program decisions, process, or other matters not pertaining to the evidence report are acknowledged through inclusion only. When comments cited evidence, the vendor was encouraged to consider inclusion of this evidence in the report.

This document responds to comments from the following parties:

- Robert Harbaugh, MD (American Association of Neurological Surgeons; AANS), Nathan Selden, MD, PhD (Congress of Neurological Surgeons; CNS), and Farrokh Farrokhi, MD (Washington State Association of Neurological Surgeons; WSANS) submitted a letter during the topic selection phase.
- No public comments regarding the draft Key Questions were received.

Table 1 provides a summary of comments with responses.

Table 1. Public Comments on Topic and Key Questions, Novocure (Tumor Treating Fields)

Comment and Source	Response
Comments on Topic	
January 20, 2015 Letter from Robert Harbaugh, MD (AANS), Nathan Selden, MD, PhD (CNS), and Farrokh Farrokhi, MD (WSANS)	
<p>“We strongly agree that safety, quality, and cost are important considerations for any procedure and understand the agency’s requirement to balance these considerations. We believe the early evidence for Novocure and pharmacogenetics is promising but studies are on-going and we would recommend that you wait to place these technologies on the program’s agenda until additional scientific evidence becomes available.</p> <p>Specifically for Novocure, Tumor Treating Fields (TTFields) delivered by the NovoTTF-100ATTM System in combination with standard-of-care temozolomide chemotherapy was recently assessed in a Company sponsored phase III trial [EF-14] with 2:1 randomization. Interim analysis of the first 315 patients, representing approximately 50 percent of the targeted study population, was presented on November 15, 2014 at the Society for Neuro-Oncology Annual Meeting. The patients treated with TTF demonstrated a significant increase in progression free survival compared to temozolomide alone (median PFS of 7.1 months compared to 4.0 months, respectively, hazard ratio=0.63, p=0.001); and a significant increase in overall survival compared to temozolomide alone (median OS of 19.6 months compared to 16.6 months, respectively, hazard ratio=0.75, p=0.034). Based on the interim analysis results, the Independent Data Monitoring Committee (IDMC) for the EF-14 trial recommended that the trial be stopped early and that Novocure provide access to TTFields for patients on the temozolomide alone arm. This was granted by the FDA. We anticipate that a full review of the study and publication of the results will be completed in the next few months.”</p>	<p>Thank you for your comments and for the helpful description of the recent study conducted with combination treatment using Tumor Treating Fields and temozolomide chemotherapy. The study will be considered for inclusion in the report.</p>
Comments on Draft Key Questions	
<p>No public comments on Draft Key Questions were received.</p>	

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January 20, 2015

Josiah Morse, MPH
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Re: AANS/CNS Comments on Washington State HTA Review of Novocure and Pharmacogenetics

Dear Mr. Morse:

On behalf of the American Association of Neurological Surgeons (AANS), the Congress of Neurological Surgeons (CNS), and the Washington State Association of Neurological Surgeons (WSANS), we appreciate the opportunity to provide comments regarding the Washington State Healthcare Authority (WCA) Health Technology Assessment (HTA) program decision to place Novocure and pharmacogenetics on its 2015 proposed list of technologies to review. As such, we would like to share the following remarks.

Literature

We strongly agree that safety, quality, and cost are important considerations for any procedure and understand the agency's requirement to balance these considerations. We believe the early evidence for Novocure and pharmacogenetics is promising but studies are on-going and we would recommend that you wait to place these technologies on the program's agenda until additional scientific evidence becomes available.

NovoTTF-TM [NovocureTM]

Specifically for Novocure, Tumor Treating Fields (TTFs) delivered by the NovoTTF-100ATM System in combination with standard-of-care temozolomide chemotherapy was recently assessed in a Company sponsored phase III trial [EF-14] with 2:1 randomization. Interim analysis of the first 315 patients, representing approximately 50 percent of the targeted study population, was presented on November 15, 2014 at the Society for Neuro-Oncology Annual Meeting. The patients treated with TTF demonstrated a significant increase in progression free survival compared to temozolomide alone (median PFS of 7.1 months compared to 4.0 months, respectively, hazard ratio=0.63, p=0.001); and a significant increase in overall survival compared to temozolomide alone (median OS of 19.6 months compared to 16.6 months, respectively, hazard ratio=0.75, p=0.034). Based on the interim analysis results, the Independent Data Monitoring Committee (IDMC) for the EF-14 trial recommended that the trial be stopped early and that Novocure provide access to TTFs for patients on the temozolomide alone arm. This was granted by the FDA. We anticipate that a full review of the study and publication of the results will be completed in the next few months.

Pharmacogenetics

Pharmacogenetics holds the promise to both prognosticate patient outcomes, as well as identify which targeted treatment options work for an individual based on their specific tumor or disease. In general, we support the development of tests that would give treating physicians and their patients more information about the response to a particular treatment. However, the topic is very general with numerous biomarkers of various types currently under consideration for a variety of diseases with additional potential biomarkers under development at any given time. We hope that, should this topic be selected for review, the scope would be narrowed to consideration of specific biomarkers for specific conditions rather than a broad evaluation of the entire field.

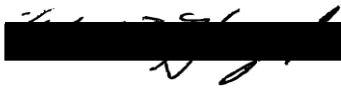
Neurosurgeon Participation in Technical Assessment

As you know, organized neurosurgery has taking an active interest in the Washington State HTA program since it was established in 2006. We urge you to include neurosurgeons in the development of key research questions and in the review of clinical evidence included in the technical assessments prepared for these issues. AANS,CNS,WSANS and the AANS/CNS Joint Section on Tumors are able and eager to provide names of neurosurgeon tumor experts both in the state of Washington and nationally who are trained in evidence based medicine, do not have financial conflicts, and are willing to devote their volunteer time to assisting the agency in the public interest.

Conclusion

Thank you for your time and attention. We look forward to working closely with the agency during the assessment of these new technologies. Again, we are eager to help identify neurosurgeons with tumor expertise from the state of Washington and from our AASN/CNS Joint Section on Tumors to be involved in the effort as we have over the last nine years. We continue to share the agency's dedication to the best possible care for citizens of the state of Washington.

Sincerely,



Robert E. Harbaugh, MD, President
American Association of Neurological Surgeons



Nathan R. Selden, MD, PhD, President
Congress of Neurological Surgeons



Farrokh Farrokhi, Vice-President
Washington State Association of Neurological Surgeons

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