Patient Input for CADTH Reimbursement Review

Name of Drug: capivasertib (Truqap)

Indication: HR+, HER2- negative locally advanced or metastatic breast cancer

Name of Patient Group: Rethink Breast Cancer

Author of Submission: Jenn Gordon

1. About Your Patient Group

Rethink Breast Cancer (Rethink) is a Canadian charity known for making positive change. Rethink educates, empowers, and advocates for system changes to improve the experience and outcomes of those with breast cancer, focusing on historically underserved groups: people diagnosed at a younger age, those with metastatic breast cancer and people systemically marginalized due to race, income, or other factors. Rethink's strategic priorities and organizational direction are guided by the unique, unmet needs identified by breast cancer patients and their families. We foster spaces to connect, listen, empower, and rethink breast cancer, together.

Programs and Activities

- Rethink Breast Cancer builds community, bringing patients with various stages of breast cancer together through our private and public social spaces and in-person events.
- Rethink runs patient retreats and provides professional psychosocial support.
- Rethink creates and runs education forums and conferences.
- Rethink creates support and education tools, resources, and content.
- Rethink funds and brings the patient voice to breast cancer research.
- Rethink advocates for system changes to cancer care to improve outcomes.

You can find out more at: Rethink Breast Cancer Instagram and Rethink Breast Cancer Website

2. Information Gathering

For over 20 years, Rethink has been working closely with breast cancer patients in Canada. We learn from and listen to the community to understand their values, priorities and pain points to help drive change and system improvements. Each year, we learn from the patients we serve, survey and collaborate with. We learn from the 40 individuals that we work extremely closely with as key patient advisors; the 100 patients that share their stories on our blog; the 500 patients that participate in our virtual support groups; the 2,000 members of our private peer-support network; the 40,000 people that have joined our Instagram community; and the 150,000 individuals reached each month through the reach of that channel. We listen, learn, engage and have conversations in all these spaces.

Rethink also benefits from regular knowledge exchange with our Scientific Advisory Committee, which includes some of the leading clinical scientists in Canada who treat breast cancer.

For this submission, we have drawn on our general observations and insights gathered through programming and meetings with breast cancer patients as described above. We have also drawn on the results from an online survey with 78 patients living with metastatic breast cancer (MBC) conducted by Rethink Breast Cancer to document the lived experience of patients and caregivers. Patients completed the survey between September 2018 and April 2019.

In addition, we drew on insights from interviews in February 2024 with two people living with MBC who are currently taking capevasertib. **Tina, Kathleen, Caroline and Rebecca** are American patients with HR+/HR-negative metastatic breast cancer. We also interviewed **Vesna** who a Canadian living with HR+/HER2-negative metastatic breast cancer and is currently taking a CDK4/6 inhibitor and has a PIK3CA mutation; capevasertib would be her next line of therapy and she shares the significance of having another therapy available to her, and funded, if/when needed.

Please read an additional short testimonial from Vesna in Appendix B.

3. Disease Experience

Most people in the Rethink community are diagnosed at a younger age. When young people get breast cancer it may be more aggressive, which can lead to tougher treatments. In addition, those diagnosed in their 20s, 30s and early 40s face age-specific issues such as fertility or family-planning challenges, diagnosis during pregnancy, childcare, impact on relationships, body image, dating and sexuality, feeling isolated from peers who don't have cancer, career hiatuses, and financial insecurity. The physical and emotional toll that a breast cancer diagnosis and treatment take on a young person's life is devastating and traumatic.

Fear of recurrence is a reality for our community and for good reason. Despite improvements made with early detection and treatment for early-stage breast cancer, there's approximately a 20-30% chance that early breast cancer will metastasize. Moreover, 5-10% of newly diagnosed breast cancers are metastatic. There is currently no cure for metastatic breast cancer and patients' goal with treatment is to live as well as they can for as long as they can. Patients with metastatic HR+/HER2- cancers survive 4 to 5 years on average.

Processing this reality of a life-limiting diagnosis is extremely difficult, especially for the young patients in our community and the emotional impacts on quality of life cannot be understated. The physical and psychosocial challenges of metastatic breast cancer negatively impact both the patients and their loved ones who are often their caregivers. Most people with metastatic breast cancer have widespread disease, with metastasis to bone being the most common. Lung, liver, lymph nodes and skin are also commonly involved; while mets to the brain is less common for hormone positive MBC patients, it can happen too. Symptoms of hormone positive MBC depend on the sites of the metastasis and include fatigue, shortness of breath for lung metastasis, pain, and bone fractures for bone mets as well as nausea, headache and of course challenges doing normal daily activity. The challenges and uncertainty of living with MBC affects both the patients and their loved ones who support and help care for them.

4. Experiences With Currently Available Treatments

For people with HR+/HER2-negative MBC with one or more PIK3CA/AKT1/PTEN-alterations whose disease progresses after one endocrine-based regimen in the metastatic setting current treatment options are mostly limited to standard IV chemotherapy and not a targeted therapy. These chemotherapies are given sequentially usually with diminishing responses with each line of chemotherapy. Although initial lines of chemotherapy may provide a few months of progression free survival, this decreases substantially with later lines.

Metastatic breast cancer patients in our community go to great lengths to avoid standard chemotherapy and they are hit hard both emotionally and physically when it does come to that. In our community, we see a rapid decline once patients progress to having only standard chemotherapies as remaining options.

"While your tumour is responding to endocrine therapy, you tend to be able to remain longer on the treatment and stable. Then when it starts to progress, and you need to go into chemo because you don't have anything else, it's just faster, you know, and things go down so quickly."
-**Rosilene**, MBC patient

Patients on standard chemo have a lot of difficulty managing their illnesses. Hospital appointments increase and they become mostly housebound managing side-effects of treatment.

"On weekly IV chemo, your normal life pretty much ends. It requires two visits per week for either blood work or for the chemo. The rest of the week is managing side effects of nausea, fatigue, pain, worsening neuropathy. And that's with me being in the cohort of people who 'tolerates well.'"
-**Heather**, MBC patient

"My year on chemotherapy was a full-time job dealing with suppressed neutrophil counts that caused countless treatment delays and quality of life compromising side effects. When I was offered the chance to rely entirely on a newer therapy, the results were game changing and allowed me to get back to my active and scheduled lifestyle as it once had been. Knowing that a cutting-edge treatment option like Trodelvy may be available to me when/if I need it outside of standard of care shelf-life chemotherapies, in the precious time to come, is what helps me stay present and positive as I navigate life with this incurable diagnosis. Everyone deserves a shot at what works best for them and the more therapies available to us are key. Stage 4 needs so much more."
-**Jen**, MBC patient, diagnosed de novo

"My biggest concern with fear of progression, is that my subtype changes from triple positive to any other subtype. So of course, the more treatments that are available that are effective and not chemo are important to me. I already did loads of chemo because my targeted therapy had to go on pause because of the damage to my heart. It was not fun knowing that I could be left on chemo if the cardiotoxicity didn't improve."
-Margaret, MBC patient, diagnosed de novo while pregnant

5. Improved Outcomes

Each individual patient brings their own personal values and goals to their discussions with their oncology team. Communication and trust in their team is essential. It's important that patients have a clear understanding of trade-offs and are well prepared for common side-effects of a given treatment.

When it comes to metastatic breast cancer therapies, in general, the primary improvement MBC patients seek is to extend their life beyond what is expected with the current publicly funded therapies available and with a better quality of life. They also know a later-line therapy is likely not as easy to tolerate at their first-line MBC treatment was but are anticipating better quality of life than on a weekly IV standard chemotherapy.

As **Jessica,** a hormone positive, MBC patient from our community explains, when the stakes are so high, even a few extra months of survival matter. She explains:

"…those months could be the difference that lets me see my son start kindergarten; they could be the ones that give me time to get him off diapers before it all falls on dad; Or they could be the first time he says I Love You. While a few months are short on time they are bursting with possibility. Life happens in moments after all. Every scan matters.

Only, it's not simply a matter of days, it's also a matter of quality days. It's hard to make memories suffering the side effects of chemo on the couch. It's impossible to keep up with a toddler while managing the debilitating fatigue. An additional line of treatment that allows me quality time with my family is welcomed with open grateful arms…It's not easy for anyone to estimate the value of an extra day of life, but in my case, it could also mean my two-year old has one more day with mom. I'll give him every day I can."

Patients are also looking for improvement in quality of life and ability to manage daily life over standard IV chemotherapy.

In our 2018-2019 MBC survey, patients rated controlling disease and extending life expectancy as the most important outcomes for treatment. This suggests that patients value long-term health outcomes over immediate concerns like reducing symptoms or managing side effects. (See the full survey results, along with methodology in Appendix C.) Comments from MBC patients surveyed included:

- Symptoms and shrinking the cancer is the most important thing. Living well is the next most important thing.
- Keep me alive for my kids.
- I want to live, LIVE, and enjoy my life for many more years and not be so afraid.

6. Experience With Drug Under Review

We connected with four patients, **Tina, Kathleen, Caroline** and **Rebecca** who had experience taking capivasertib for HR+/HER2-negative metastatic breast cancer.

Tina is living with ER+ HER2-low metastatic breast cancer and shares her treatment regime leading to capevasertib (Truqap) and what her experience has been taking this therapy, including the good quality of life she is experiencing: *"I have been on 5 different lines of treatment in the last 7 years with Truqap being my 5th line of treatment.*

I was placed on Truqap 2.5 months ago when I had progression from bones to liver. My tumour markers, which have always been an accurate indicator of when progression occurs, have dropped 20 points. My oncologist sees this as an early indication that the drug is working for me. I will be evaluated with scans after 3 months on the drug.

One of the things I value about this drug is the high quality of life I have had on this drug. The only side effect I have had is some diarrhea that may occur after some meals. I have even taken the drug on an empty stomach without any difficulty. I have not had any concerns with my lab either, although my oncologist watches me closely for any blood sugar issues that might occur.

Every day is precious to me and to have a treatment that does not slow down my enjoyment of the world and people around me is a blessing."

We also connected with **Kathleen**, who spoke about being able to continue working a busy and demanding job while being on this treatment:
"I work 40-hour weeks for an autobody shop and haven't had any ill effects from the medication that prevented me from working. The biggest concern is sugar levels and in the eight weeks that I've been on it, I have had no significant issues with that. I do have nausea, but that is controlled by medication."

We asked her about recommending this medication to other patients and she shared:

"Absolutely, I would recommend this as a line of treatment. Just be ready for nausea (that's only my experience) and a little restlessness, but if you're active you can burn the energy quite easily."

Caroline just started taking capevasertib the day that we spoke to her but shared:
" I have the PIK3CA mutation and think that this is an important treatment option to have since it's specific to that mutation."

Rebecca was the fourth person we connected with who started taking capevasertib on December 8th, 2023 for HR+/HER2-negative MBC with a PIK3CA mutation. This is Rebecca's 8th line of therapy, and she expressed several times how thankful she was that this treatment had been approved (in the US) as she had just run out of treatment options prior to the approval. She spoke candidly about the improvement in her quality of life since taking capevasertib:

"The side effects are tolerable, I am currently on the lowest dose as my blood sugars are elevated, but I do not need insulin on this dose. My quality of life before taking this (capevasertib) was so bad; I was sleeping 16 hours a day and was still exhausted, and now I am back to sleeping a regular 8 hours per day and can have a much more normal routine. I also don't need as much help as I did before, even with tasks such as laundry." She did also mention experiencing a rash at the 12-week mark but that it resolved on its own and was tolerable.

She shared the importance of having access to new treatment options, what it means to her, and highlighted why it's so important for patients to get to try treatments:
"It's difficult knowing you are running out of treatment options, I am lucky that this drug got approved when it did. I am following what other drugs may be approved in the near future. How can you put a value on time, I don't want to leave my family. I was on a CDK4/6 inhibitor for 4.5 years, which is well above the average amount of time that people respond to it, but if I had not had the opportunity to access that therapy, I wouldn't have had that extra time."

When asked about how well the treatment was working she shared, *"I just had my first scan today, so I do not yet have the results, but my markers have always been a good indication of when treatment is working or not and my* *markers have dropped since taking capevasertib".*

Lastly, we spoke with **Vesna**, a member of Rethink's MBC Advisory Board, who is not currently receiving Truqap, but is currently being treated with a CDK4/6 inhibitor and has a PIK3CA mutation, making Truqap her next line of therapy should her current treatment stop working. Vesna is a veteran in the MBC space, having been treated with a CDK4/6 inhibitor for the past 7 years. Her original life expectancy was 2-3 years, and having access to innovative therapies has allowed her to surpass that expectancy and continue to live an active lifestyle with an excellent quality of life. She is also someone who is part of the "long tail" of this therapy, referring to patients who are super responders that see a benefit to treatment long after the average PFS and OS projections. Vesna's experience highlights the need for patients to be able to try new therapies, given that there are patients who remain stable for several years and are able to continue living with an excellent quality of life.

When asked about the impact of having a new treatment option, specific to her cancer type and mutation available and reimbursed she shared:

"There is a peace of mind, knowing that if/when this treatment fails (because we know the other shoe is going to drop eventually) that there will be another treatment option available to extend my life. The worry is that you won't have more treatment options. When treatments aren't covered, you're seeing friends having to fight and fight and fight for a chance to try these treatments. There is a whole other stress that you're putting on the patient."

When further asked about why there is a need for a variety of treatment options **Vesna** noted:

"The tag line that you hear a lot is metastatic breast cancer is not curable, but it's treatable. But this is only true if oncologists are given the tools to treat the disease. It may seem that there are always new breast cancer drugs, but when you look further into it, that's because they are specifically for certain sub-types, mutations, etc. Patients are not being treated with ALL drugs, they need the RIGHT drug, and it's important that oncologists have all of the options available to them to help provide their patients with the RIGHT treatment."

When asked about having access to the right treatment means to her, **Vesna** replied. *"It means I can be a good mom. My kids can have an active, healthy, present mom."*

Summary:

All of the patients we spoke with highlighted the importance of having access to new therapies that have the possibility of extending their life. **Kathleen, Tina** and **Rebecca** also shared that they are experiencing a good quality of life while taking capivasertib, allowing them to continue to work, enjoy time with loved once, and live their lives.

Vesna highlighted the that in order for metastatic breast cancer to be treatable, patients need access to a variety of treatment options. All patients thought that others should have the opportunity to try this therapy given the favorable results and good quality of life. In our experience, MBC patients value a treatment that offers more time, more disease stability and improvements in day-to-day functioning – capivasertib does all three.

7. Companion Diagnostic Test

Companion diagnostic testing will need to be provided to determine if the patient has PIK3CA/AKT1/PTEN alterations; this testing is completed through a biopsy. Patients currently have a biopsy taken as part of the initial diagnostic process; providing that full NGS testing is conducted at the diagnostic work-up there would not be an additional testing burden on patients. Given that many of the therapies under development for breast cancer, and other cancers, are targeting specific mutations, proactively adding NGS testing to the diagnostic process for breast cancer patients would ensure that they are receiving treatments that are going to offer them the best outcomes. Having this testing completed as part of the diagnostic process would also ensure that additional delays are not incurred by sequencing testing. Furthermore, access to this testing can also provide information to prevent treating patients with therapies that are not of benefit.

We were unable to speak with any patients in Canada who accessed this therapy; however, the Canadian patient we spoke with, **Vesna**, accessed testing when she was initially diagnosed with metastatic breast cancer by participating in a study. Patients shouldn't need to rely on whether or not a study is open to be able to access testing that will provide them with critical information on making treatment decisions.

When asked about her general thoughts around companion diagnostic testing **Rebecca** shared *"I'm happy to do whatever tests are needed to find out what treatment options there may be".*

8. Anything Else?

We are grateful there are now targeted therapies for all breast cancer subtypes. Prior to the introduction of CDK 4/6 inhibitors into the treatment landscape, it was common for the young hormone positive breast cancer patients in our community to die within two years of their metastatic diagnosis. While things are better than 10 years ago, for the metastatic community, the uncertainty does not go away. Later line therapies that work better than palliative chemotherapy is vital.

When it comes to "anything else," we give our last patient quote to **Vesna**, as she raises another "why" on behalf of the community:

"Consider the MBC patient facing yet another setback. Someone who's cancer has progressed on their current treatment and must now once again grapple with the uncertainty and fear with what lies ahead. ***This patient will have a harder time being accepted into a clinical trial with each subsequent line due to restrictive inclusion criteria that often excludes patients who've been heavily treated from participating.*** *An ever-diminishing list of treatments is reduced yet again, with chemotherapy being one of the few options still available.*

Many of us remember the experience of chemotherapy with an earlier stage diagnosis; the memories linger. While the cancer that resides in my body is stable at this time, I am told with fair certainty that one day, this treatment will

fail, and the cancer will grow again. It will bring me back to square one, requiring my oncologist to choose whatever treatment would give me the best chance of staving off debilitating illness again. *An additional line of treatment offers hope and compassion to those carrying the burden of experience."*

Rethink is grateful to the people living with metastatic breast cancer who are quoted directly in this input submission for sharing their insights and experiences with us. And we are grateful for the opportunity to bring forward these important voices from the metastatic breast cancer community to the CADTH decision making process.

Appendix A: Patient Group Conflict of Interest Declaration

To maintain the objectivity and credibility of the CADTH reimbursement review process, all participants in the drug review processes must disclose any real, potential, or perceived conflicts of interest. This Patient Group Conflict of Interest Declaration is required for participation. Declarations made do not negate or preclude the use of the patient group input. CADTH may contact your group with further questions, as needed.

1. Did you receive help from outside your patient group to complete this submission? If yes, please detail the help and who provided it.

   Astra Zeneca provided us with information about the general characteristics of the drug and its benefits and side-effects.

2. Did you receive help from outside your patient group to collect or analyze data used in this submission? If yes, please detail the help and who provided it.

   No.

3. List any companies or organizations that have provided your group with financial payment over the past 2 years AND who may have direct or indirect interest in the drug under review.

Table 1: Financial Disclosures

Check Appropriate Dollar Range with an X. Add additional rows if necessary.

Company	$0 to 5,000	$5,001 to 10,000	$10,001 to 50,000	In Excess of $50,000
Astra Zeneca 2022 Funding				X
Astra Zeneca 2023 funding				X

I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this patient group with a company, organization, or entity that may place this patient group in a real, potential, or perceived conflict of interest situation.

Name: Jenn Gordon
Position: Lead Strategic Operations and Engagement
Patient Group: Rethink Breast Cancer

Date: February 26, 2024

APPENDIX B: Patient Profile

Vesna's Why:

"Consider the MBC patient facing yet another setback. Someone who's cancer has progressed on their current treatment and must now once again grapple with the uncertainty and fear with what lies ahead. This patient will have a harder time being accepted into a clinical trial with each subsequent line due to restrictive inclusion criteria that often excludes patients who've been heavily treated from participating. An ever- diminishing list of treatments is reduced yet again, with chemotherapy being one of the few options still available.

Many of us remember the experience of chemotherapy with an earlier stage diagnosis; the memories linger. While the cancer that resides in my body is stable at this time, I am told with fair certainty that one day, this treatment will fail and the cancer will grow again. It will bring me back to square one, requiring my oncologist to choose whatever treatment would give me the best chance of staving off debilitating illness again. An additional line of treatment offers hope and compassion to those carrying the burden of experience." **— Vesna, living with HR+HER2-MBC**

APPENDIX C: MBC Patient Survey Results

Information for this report was gathered through an online survey published in English and circulated through communications from Rethink Breast Cancer as well as the Rethink Network and other partner organizations. Messages were also posted on Facebook and Twitter as well as the Breastcancer.org, Cancer Connection and Cancer Survivors Network online discussion forums. 78 metastatic breast patients completed the survey between September 2018 and April 2019.

An independent contractor was hired to develop this survey and present the results. Survey questions were all reviewed by Rethink staff and Metastatic Patient Advisory Board prior to being posted online.

Rethink Breast Cancer asked respondents to evaluate the importance of different outcomes for their breast cancer treatment on a scale of 1 (not important) to 5 (very important). All the listed outcomes were considered important with no average scores lower than 4.4. However, controlling disease and extending life expectancy were rated as the most important results suggesting that patient values prioritize long-term health outcomes over immediate concerns like reducing symptoms or managing side effects.

Importance of outcome	1 - not important	2	3	4	5 — very important	Average
Controlling disease progression	0.00% 0	0.00% 0	0.00% 0	2.60% 2	97.40% 75	4.97 77
Reducing symptoms	1.30% 1	0.00% 0	12.99% 10	19.48% 15	66.23% 51	4.49 77
Maintaining quality of life	0.00% 0	0.00% 0	1.30% 1	12.99% 10	85.71% 66	4.84 77
Managing side effects	1.30% 1	1.30% 1	12.99% 10	19.48% 15	64.94% 50	4.45 77
Achieving NED (no evidence of disease)	1.32% 1	1.32% 1	1.32% 1	6.58% 5	89.47% 68	4.82 76

Extending life expectancy	0.00% 0	0.00% 0	0.00% 0	2.63% 2	97.37% 74	4.97 76

Comments included:

- Symptoms and shrinking the cancer is the most important thing. Living well is the next most important thing.
- Keep me alive for my kids.
- I want to live, LIVE and enjoy my life for many more years and not be so afraid.