

CADTH Reimbursement Review Patient Input Template

Patient Input Template for CADTH Reimbursement Reviews

Name of Drug: Nab-paclitaxal

Indication: Patients who developed hypersensitivity reactions (HSR's) to taxanes

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. We foster spaces to connect, listen, empower and rethink breast cancer, together. Rethink's strategic priorities and organizational direction are guided by the unique, unmet needs identified by breast cancer patients and their families.

Programs and Activities

- Rethink Breast Cancer builds community, bringing patients with various stages of breast cancer together through our private and public social spaces as well as in-person events
- Rethink runs patient retreats and facilitates peer-support
- Rethink creates and runs education forums and conferences
- Rethink creates support and education tools, resources and content
- Rethink funds and supports breast cancer research

You can find out more by visiting:

[Rethink Breast Cancer Instagram](#)

[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. Rethink also conducted an in-depth virtual interview in January 2024 with a patient, **Ila**, who is living with metastatic triple negative breast cancer (mTNBC) and has experience with being treated with nab-paclitaxel as a result of having a hypersensitive reaction to a taxane.

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.

In Canada, 82% of female breast cancer patients are diagnosed at an early stage (stage I or II), with a 5-year net survival of 89%; however, 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.

Processing this reality of a breast cancer diagnosis is extremely difficult and the emotional impacts on quality of life cannot be understated. The physical and psychosocial challenges of a breast cancer diagnosis negatively impact both the patients and their loved ones who are often their caregivers.

When asked about the importance of reducing the risk of recurrence, patients with early-stage breast cancer shared the following:

"I think when anyone gets a cancer diagnosis, you're always scared of the illness coming back. Especially when I have young kids that I want to be there for, and I have a lot of things I want to do myself. It's not only my kids, but also my life too. I want to be able to enjoy it. Because I feel that I'm doing anything and everything that's available out there to have a lower chance of recurrence, it gives me peace of mind. It gives me less anxiety in my life."

Negar – diagnosed with early-stage breast cancer

"I want to try anything to prevent recurrence, I want to add it to my exercise routine and healthy diet in my bag of tricks."

Jessica – diagnosed with early-stage breast cancer

4. Experiences With Currently Available Treatments

Taxanes, including paclitaxel and docetaxel, are one of the most commonly used chemotherapy agents for the treatment of breast cancer. Even with the advancement of targeted therapies for the treatment of breast cancer, taxanes remain an important cornerstone for the treatment of both early stage and advanced or metastatic breast cancer. However, some patients can have hypersensitive reactions to taxanes that can cause serious consequences and prevent them from continuing treatment.

Hypersensitive reactions to taxanes include itchiness, chest pain, tightness in the throat, shortness of breath, racing heart, irregular heart-beat and flushing. **Ila**, the patient that Rethink spoke interviewed in January 2024, experienced several of these symptoms when she had a hypersensitive reaction to paclitaxel. **Ila**, was diagnosed with early stage triple negative breast cancer in September of 2020; when she recurred with metastatic triple negative breast cancer in April 2023 she knew how important chemotherapy would be for the treatment of this hard to treat sub-type of metastatic breast cancer. Here is how she describes her first treatment with paclitaxel:

“Almost immediately [after receiving paclitaxel] my heart was racing, I was nauseous, I was flush, I had a severe immediate reaction. It was traumatizing, which compounded the trauma I was already experiencing from being diagnosed with metastatic triple negative breast cancer”

She went on to explain that the nurses immediately responded by administering high doses of Benadryl to allow her to complete the treatment, but that the experience left her incredibly anxious going into the second treatment:

“At my second treatment I explained to the nursing staff that I was very anxious about whether or not I would have the same reaction again, which I immediately did upon having the paclitaxel administered. It was traumatizing because I didn’t know if I was going to happen again, when it was going to happen, or how long I would have this reaction for.”

Once again, the nurses administered high doses of Benadryl to allow **Ila** to continue her treatment but knowing that she was scheduled to return for another treatment continued to cause significant emotional and mental distress. This cycle continued for a third and fourth treatment, compounding the trauma that **Ila** experienced during each treatment and the anxiety leading up to it.

Ila met with her oncologist after her fourth treatment and shared the impact that the hypersensitivity was having on her overall physical, emotional and mental health. He informed her that he would be able to switch her treatment to nab-paclitaxel because she had met the criteria to switch.

5. Improved Outcomes

When it comes to breast cancer therapies, patients are looking for options that treat their disease and minimize the chances of recurrence, or in the case of metastatic breast cancer, manage their disease and to prolong their life while providing a good quality of life. Although they are not without toxicities, taxanes are an important part of achieving these important outcomes for patients, both in the early stage and metastatic setting; however, patients who experience hypersensitivity to taxanes may not be able to tolerate treatments long enough to receive these life-saving benefits.

Several patients explain what outcomes matter to them and how this translates into value in their lives:

"...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."

Jessica – living with HR+ metastatic breast cancer

There is now over a decade of evidence to support the use of nab-paclitaxel for breast cancer patients with hypersensitive responses to taxanes. Rethink's scientific advisory committee was unanimous in their support of providing access and reimbursement to nab-paclitaxel for this patient population.

6. Experience With Drug Under Review

We spoke with one patient, **Ila**, who had experienced hypersensitivity to paclitaxel and was prescribed nab-paclitaxel as a result.

"I did not have any of the hypersensitivities to nab-paclitaxel that I experienced with paclitaxel. While there are still significant side effects to this treatment, they have been manageable and tolerable compared with what I experienced when taking paclitaxel. In addition to the 4 treatments of paclitaxel that I received, I have been able to undergo fourteen treatments of nab-paclitaxel. Even with the side effects from the nab-paclitaxel, I have never been hospitalized, have been able to continue working and running my own business. It's been difficult, but feasible."

In my most recent scan, my oncologist informed me that all of the tumours had shrunk, two had completely disappeared, and there was no new growth, which was the absolute best possible news especially with a diagnosis of metastatic triple negative breast cancer. Eighteen treatments of paclitaxel would have broken me; I would have never been able to have these results with my first line of therapy.

I understand that I have far fewer treatment options with metastatic triple negative breast cancer, so having something that works as a first line treatment is pretty spectacular"

When asked if she thinks this is an important treatment option for patients with hypersensitivity to taxanes, **Ila** responded with a "full body yes. There is no way I could have continued with paclitaxel and had these results". She was surprised to learn that this isn't already an accessible option for all patients in Canada who have experienced a hypersensitivity to taxanes.

7. Companion Diagnostic Test

None

8. Anything Else?

No

Appendix: Patient Group Conflict of Interest Declaration

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

No

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
None				

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

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