DD LUNG CANCER ALLIANCE

TO: Institute for Clinical and Economic Review

RE: Scope of Work Considerations for Treatment Options for Advanced Non-Small-Cell Lung Cancer (NSCLC): Public Comments

Lung Cancer Alliance (LCA) appreciates the opportunity to provide comments to the Institute for Clinical and Economic Review's (ICER) scope of work on its *Treatment Options for Advanced Non-Small-Cell Lung Cancer: Effectiveness, Value, and Value-Based Price Benchmarks.* LCA is a nationally recognized trusted source of information, advocacy and support for the lung cancer community. LCA works specifically on public health policies that ensure any one either at risk, or living with, lung cancer receives reliable and affordable access to high quality therapies and supportive health care services, personalized to their needs and disease, throughout the care continuum in the settings that are best for them.

Lung cancer is the leading cause of cancer death among men and women and every ethnic and racial group in the United States. Lung cancer's 5-year survival rate has hovered at approximately 17% for decades and is expected to cause over 158,000 deaths in 2016. Lung cancer carries a deeply held stigma. Survivors are often "blamed for their disease" due to a perception that all people with lung cancer smoked and therefore deserve their diagnosis – yet today 80% of those diagnosed with lung cancer will have either never smoked or have quit smoking years earlier. Stigma has also adversely impacted the level of federal research funding for lung cancer. Funding levels have lagged far behind when compared to its level of public health impact. The result has been an anemic pace and scope of early detection and treatment breakthroughs.

It is only recently that low-dose CT screening for those at high risk has been approved and covered as a preventive service and that the treatment landscape for lung cancer has seen improvements. With the advent of targeted and immunotherapies, those diagnosed with lung cancer now have hope for extended survival. But given the complexity of lung cancer and its difficulty to treat we need to continue to support and advance more scientific breakthroughs and help make their way from the clinic to the treatment plans for those diagnosed with lung cancer. We encourage ICER to recognize the field of diagnostic testing is expanding exponentially and will lead to better personalized treatment planning so patients get the highest value drug for their cancer.

We understand ICER's mission is to help provide an independent source of analysis of evidence on effectiveness and value to improve the quality of care that patients received while supporting a broader dialogue on value in which all stakeholders can participate. We ask that experts in the field of lung cancer be included in that analysis and that the process remain transparent throughout.

It is exactly such terms — "risk, value and price" - that deserve careful consideration as we do not want recommendations that would result in the restriction of access to care, interference with the patient-doctor relationship and a failure to consider individual needs of each patient.



As ICER commences its scope of work LCA looks forward to integrating perspectives of patients and families impacted by lung cancer every step of the analysis to ensure they truly benefit from a more person-centered, affordable and goal-directed care.