Canadian Organization for Rare Disorders

28 June 2025

Suzanne McGurn
President and CEO Director
Canada's Drug Agency
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Re: Health Technology Review, Cerliponase Alfa for Pediatric Patients With Neuronal Ceroid Lipofuscinosis Type 2 Disease

Dear Ms. McGurn,

The Canadian Organization for Rare Disorders is writing to express our concerns with the Health Technology Review: Cerliponase Alfa for Pediatric Patients With Neuronal Ceroid Lipofuscinosis Type 2 Disease published in Canadian Journal of Health Technologies, June 2025, Volume 5, Issue 6. The report was prepared by Canada's Drug Agency in response to a request by British Columbia Ministry of Health to provide an "updated evidence review to support reimbursement decisions for cerliponase alfa, with a focus on evaluating their current discontinuation criteria" in application to the decision to terminate treatment for a specific patient, 9-year-old Charleigh Pollock.

According to Health Minister Josie Osborne, "Given the extraordinary circumstances, the ministry wanted to make sure no stone was left unturned in determining whether continuing treatment would benefit Charleigh." As reported by Capital Daily (June 18, 2025), the Ministry interpreted the "CDA's comprehensive review of the latest evidence in Canada and around the globe" as finding "no evidence to support the ministry continuing to provide coverage for Brineura, given the advanced stage of Charleigh's condition."

CORD has no insight as to whom the Ministry consulted to arrive at their extrapolation but, clearly, the CDA report was not a comprehensive review, but a rapid review conducted by one researcher. Notwithstanding the interviews with healthcare professionals and patient families to document real-world experience and evidence, the report's conclusions are based on three primary studies (two observational with historical controls, one single-arm extension study) and two evidence-based clinical practice guidelines.

In 2019, CADTH proposed "trial-based stopping rules" for public reimbursement discontinuation, acknowledging that these were pragmatic rather than validated. Post-approval monitoring was recommended to collect real-world data to confirm and validate these clinical-trial measures. However, there was no systematic plan to collect and analyze real-world data, including patient outcomes.

In their 2025 review of updated real-world evidence, CDA confirmed:

- There is insufficient evidence to determine whether Brineura remains effective for patients with severe functional loss.
- There are no comparative studies that have tested the effect of continued vs. discontinued therapy after reaching a low motor-language score.
- The reported real-world outcomes (e.g., seizure control, alertness, quality of life) were not captured by the original motor-language scoring.

The CDA was given, and accepted, a very narrow question to apply to an updated evidence review: was there sufficient evidence to recommend a change in the 2019 discontinuation criteria? They were not asked more important "real-world" questions. Was there real-world

evidence (healthcare professional and family) to indicate that Charleigh was or was not benefitting from treatment, based on other patient-relevant outcomes such as seizure control and social engagement, despite decline in the motor-language scores? How were other jurisdictions addressing patients relative to discontinuation criteria, patient outcomes, and potential impact of stopping treatment?

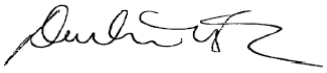
Under the expanded remit of CDA for appropriate use, we feel it is important for CDA to consider impact in addition to technology assessment. We would like to emphasize that international practice and evolving expert consensus support a more nuanced, individualized approach to therapy continuation decisions, particularly in ultra-rare conditions where statistical power is inherently limited. Decisions made solely on narrow trial-based criteria may not align with the values of patient-centered care and real-world impact.

We feel a truly comprehensive review is necessary in cases of discontinuation where the criteria are not based on validated measures and thresholds. Indeed, this very small patient population with limited patient history and experience with therapy demands this a different approach that is based on consensus rather than narrow body of evidence from clinical trial type designs that are neither feasible nor timely.

CORD is reaching out to the BC Health Ministry with a request for reconsideration and a process for conducting a prospective cohort study over a reasonable period to generate the evidence to determine the impact of Brineura on patients, including those with declining motor-language scores.

Thank you in advance for your support in this urgent matter. I look forward to your response. We all want what is truly best for the child.

Sincerely,



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cc: The Honourable Josie Osborne, BC Minister of Health

cc: Jori Fales