Drug access in Canada

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ONCOLOGY RESEARCH NETWORK

Outline

System

Drug Development Pathway

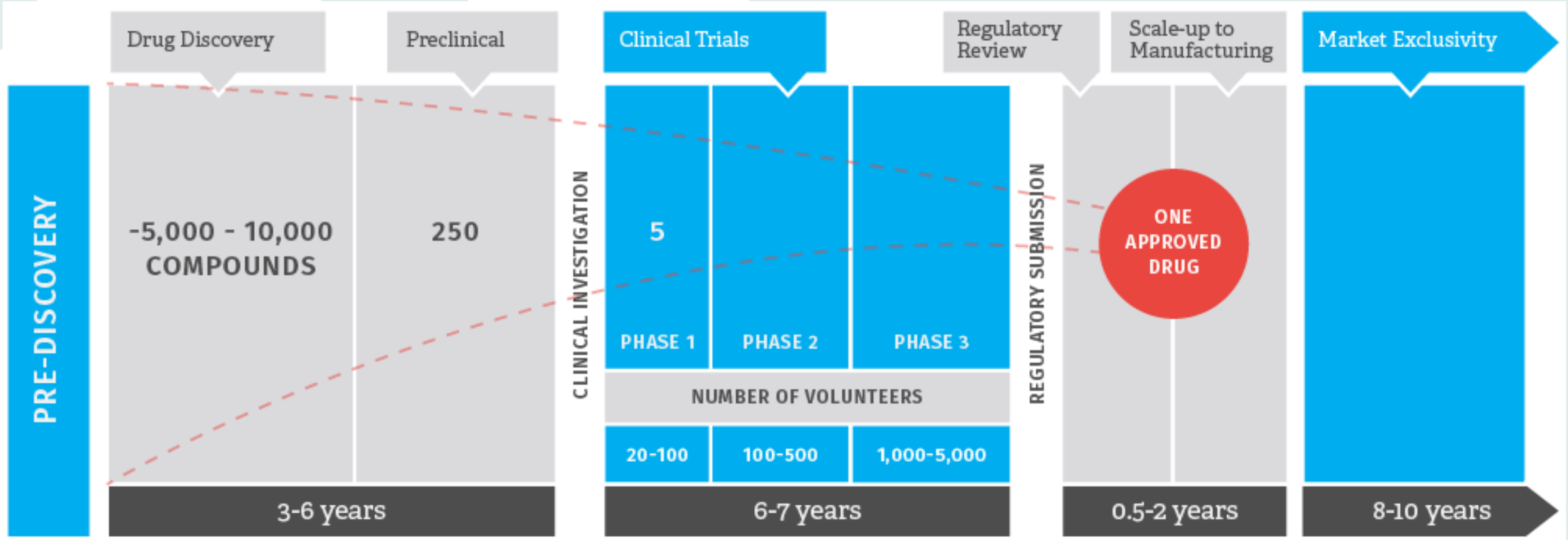
Types of Drug Coverage in Canada

Canadian Drug Reimbursement Landscape

Timelines

A bit of perspective

Drug Development Process



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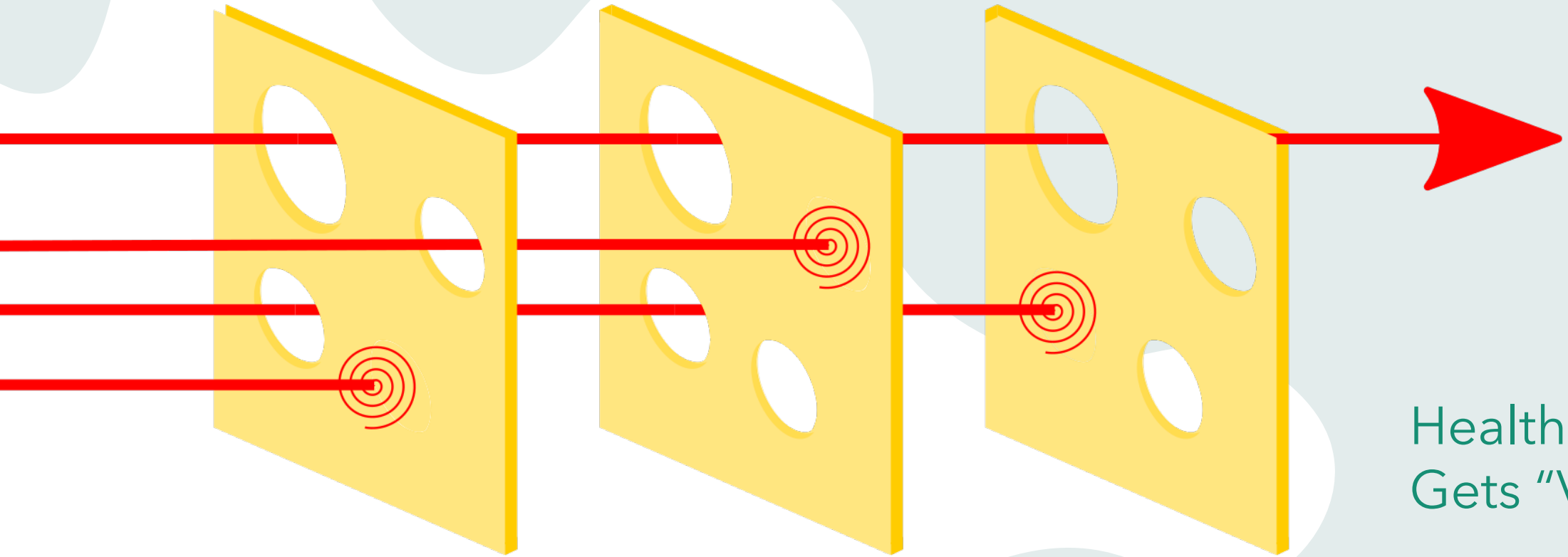


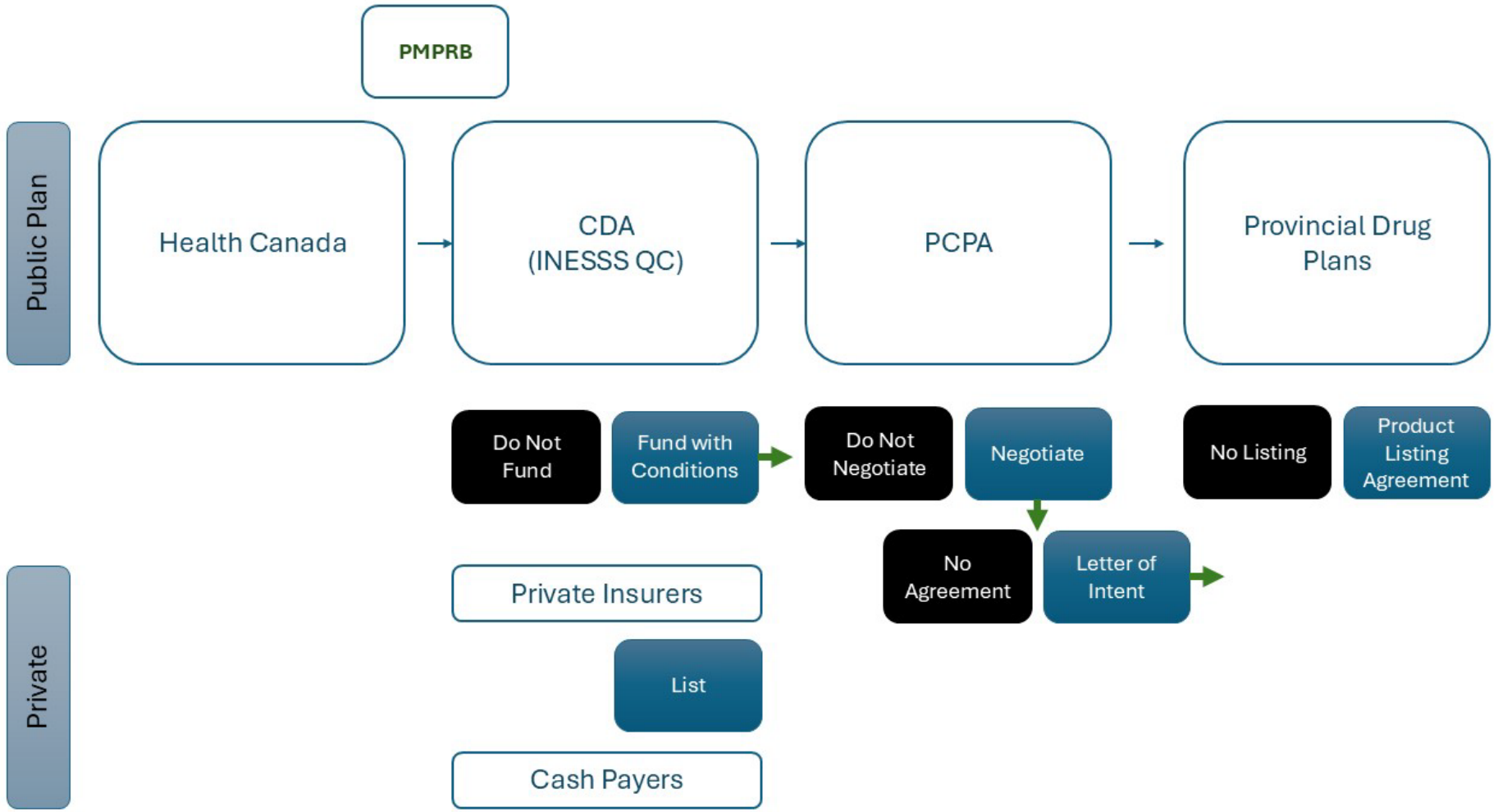
Health System
Gets “Value”

Clinical
Research

Regulatory
Review

Economic
Review/
Decisions

Drug Review System



Drug Review System – Market Authorization

Minister of Health

Health Products and Food Branch

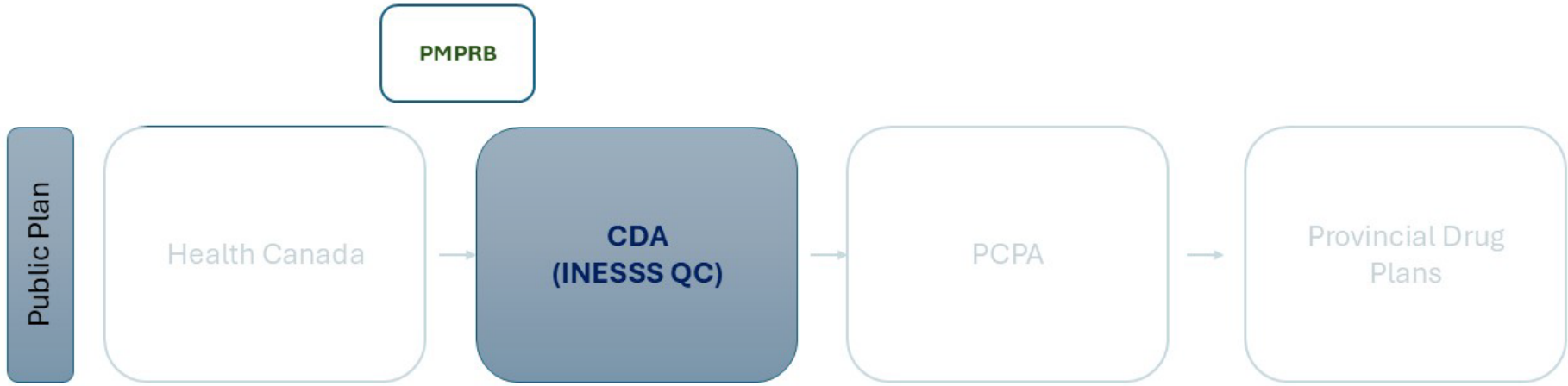
- Clinical Trial Approvals
- Approvals
- Post Market Monitoring

Drug Review

New Drug Submission

- Safety
- Efficacy
- Quality

Drug Review System – HTA



Non-profit Corporation – National Mandate

Funded: Health Canada,
Industry Fees, Provinces

Board: Provincial Drug Plans, HC, Health System, Public

Drug Reimbursement Review

Clinical Benefit
Economic Evaluation
Drug Plan perspective

Non-Binding Recommendations

Drug Review System – Price Negotiation

Non-profit Corporation

Funded: Federal transfer*

Board: Provincial Drug Plans, Federal Drug Plans

Drug Access Negotiations

Price / Volume (rebate)
Access Conditions

Non-Binding Letter of Intent

Drug Review System – Listing Decision

P/T government drug benefit plans

Some are income-based universal programs.

Most have specific programs for populations
Seniors,

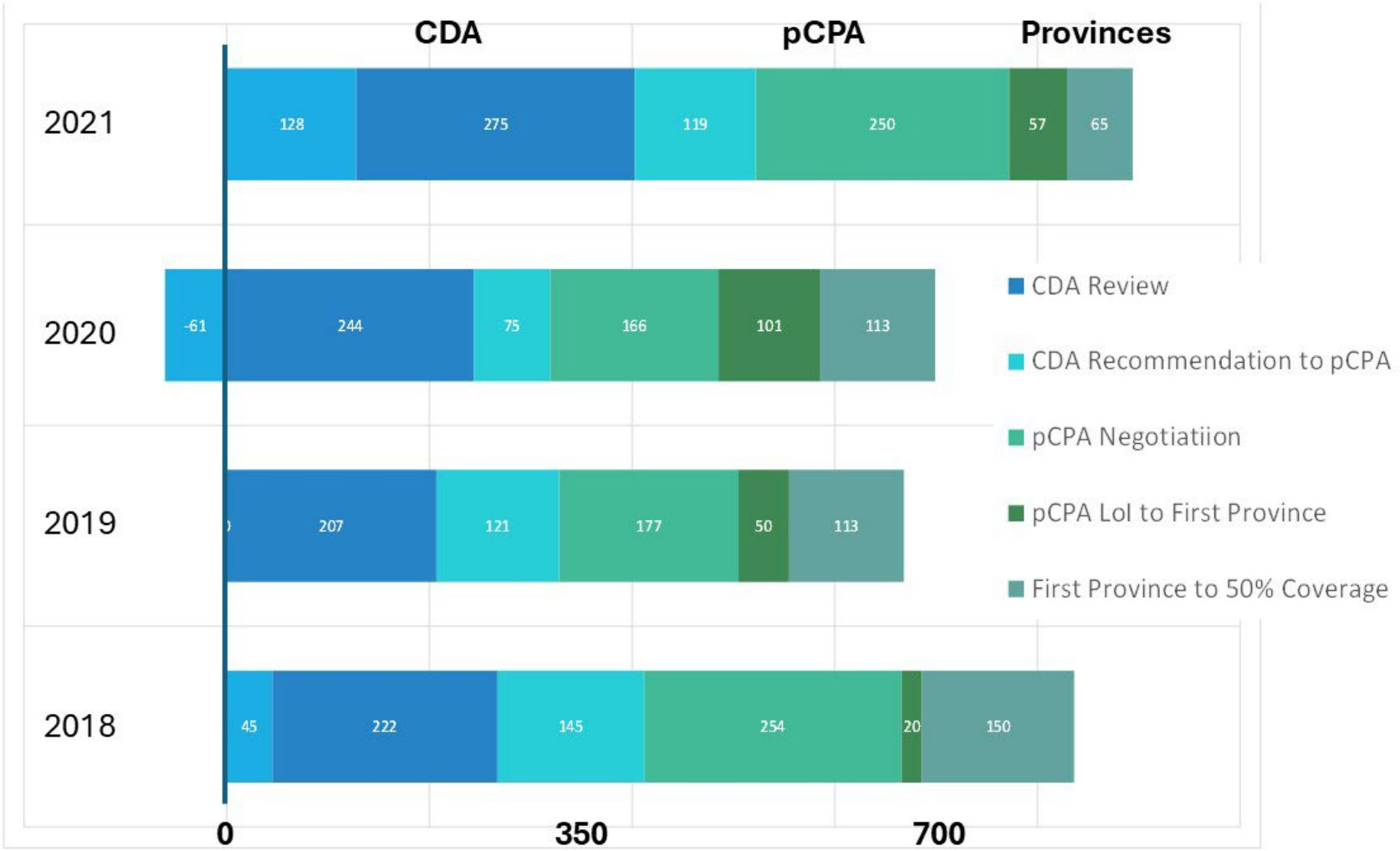
- Recipients of social assistance,
- Disease/Condition Specific
- Catastrophic Coverage

Drug Listing Decision
Product Listing Agreement

Standard Formulary/
Exceptional Access

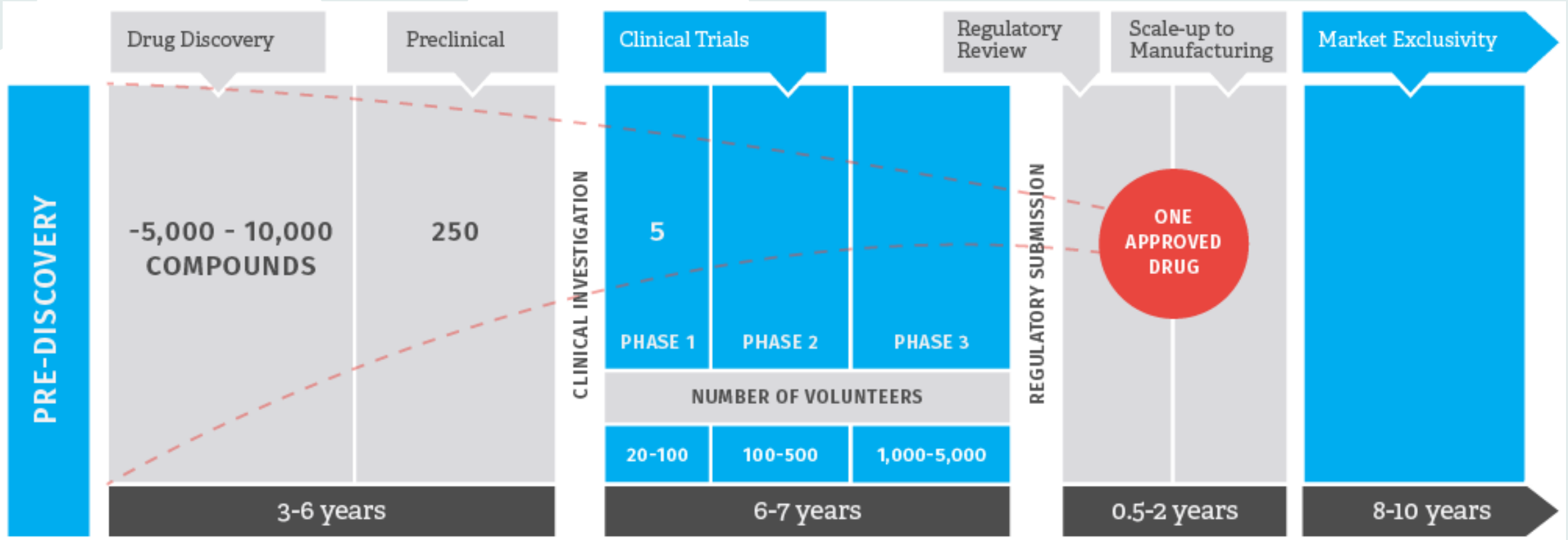
- Budget Impact
- Conditions of Access
- Place in Therapy
- Related Health Products/Services

Timelines


CDA
pCPA
Provinces
2021
128
275
119
250
57
65
2020
-61
244
75
166
101
113
2019
207
121
177
50
113
2018
45
222
145
254
20
150
0
350
700
CDA Review
CDA Recommendation to pCPA
pCPA Negotiatiion
pCPA LoI to First Province
First Province to 50% Coverage

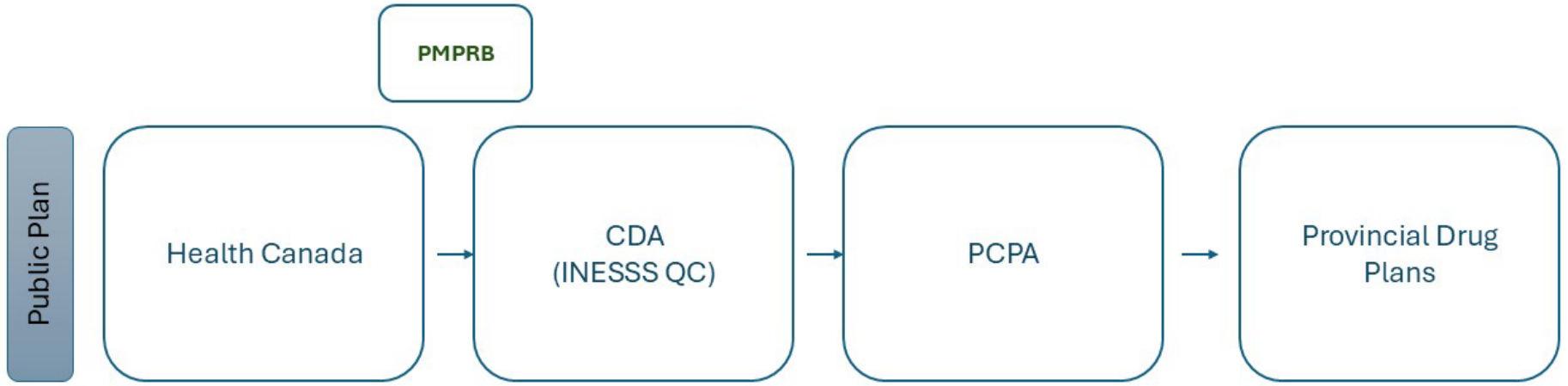
Some Perspective

Drug Development Process



Clinical use in children follows

Drug Review System

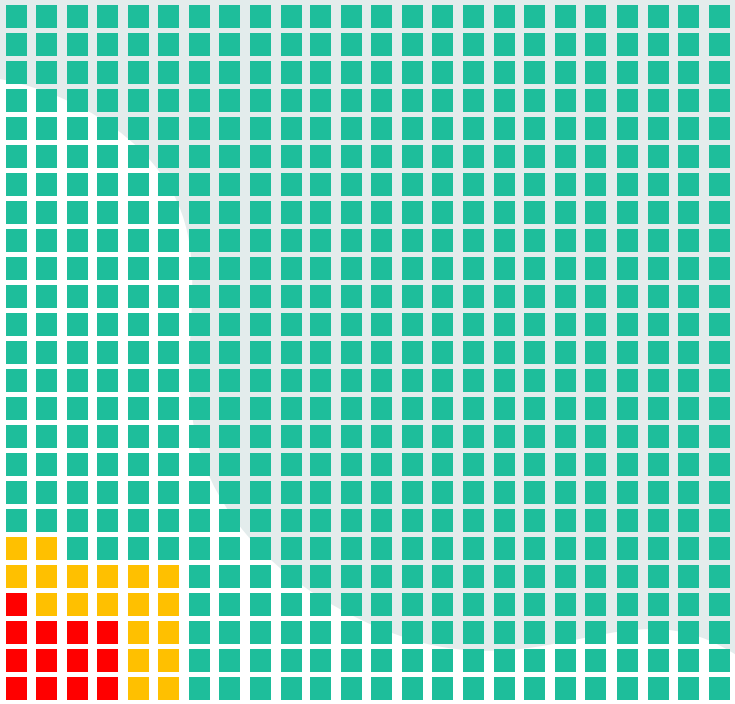


$300-$600 k $100-$150 k negotiator

Each step expects a sponsor – a drug company seeking market access.

25% of interventional cancer trials recruiting under 18 involved an industry partner

Scale – Market Authorization

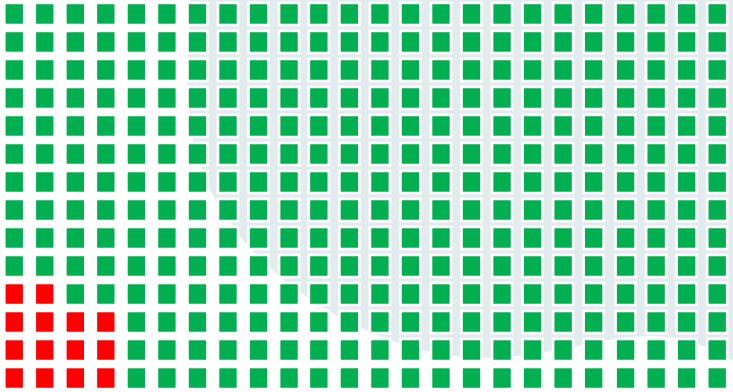


~600 unique cancer agents since 2000 (FDA)

~ 32 pediatric indications - 69% since 2015 (FDA)

Health Canada approved ~14 pediatric indications

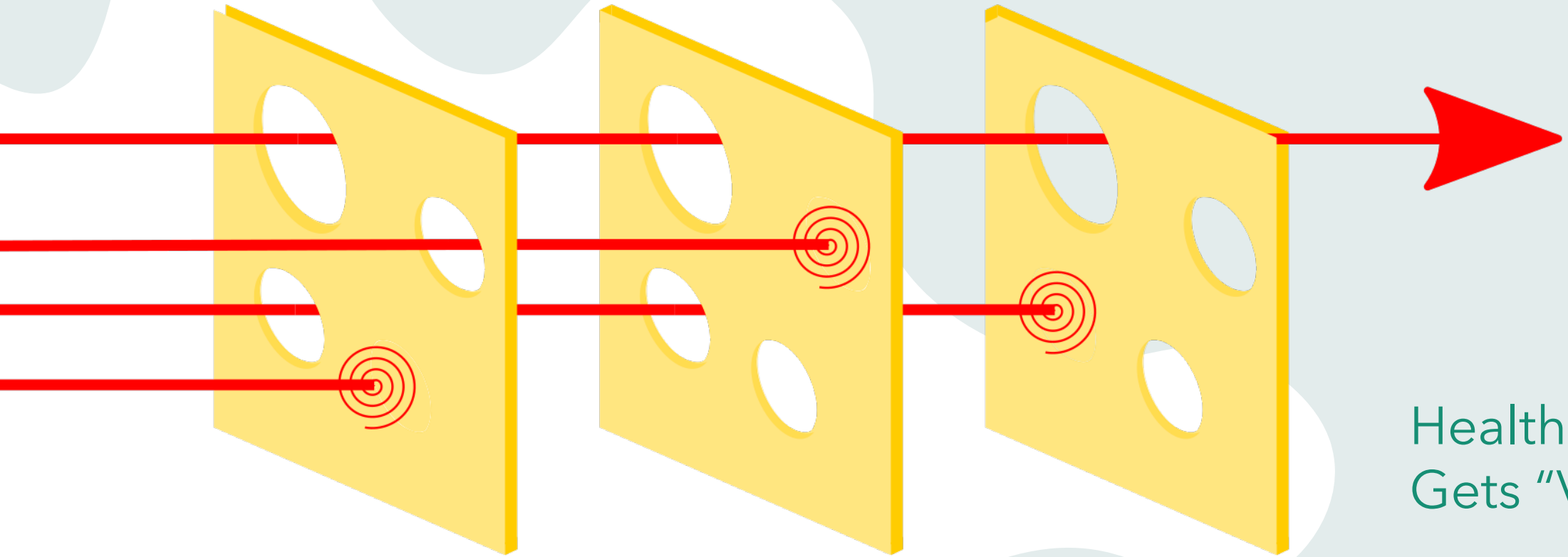
Scale – HTA



~350 cancer HTA reviews (CDA)

Ac2orn participated in 14 since 2017 (5 for blinatumomab)

Designed for Purpose



Health System
Gets "Value"

Are current configurations what we need to move medicines with evidence through the system?

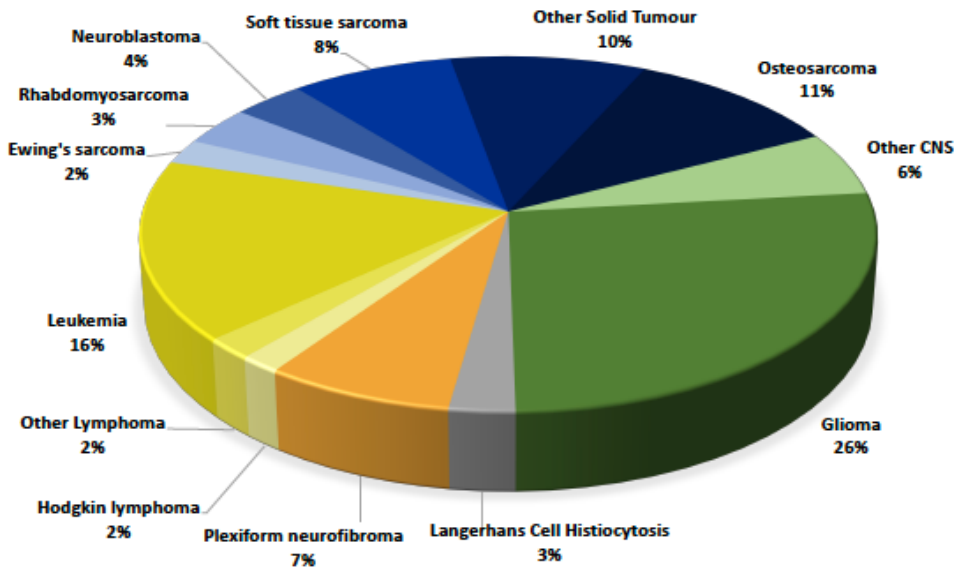
The Problem is Big Enough, The Problem is Small Enough: Challenges and Opportunities in Pediatric Cancer Drug Access

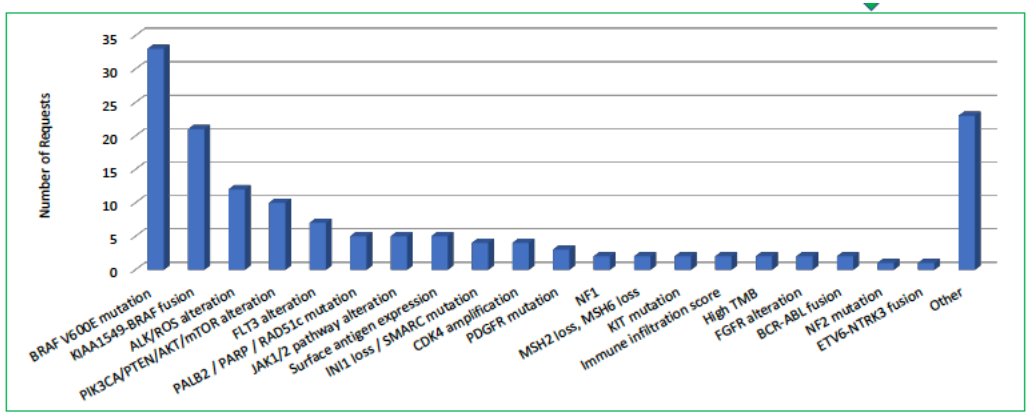
Avram Denburg, MD PhD

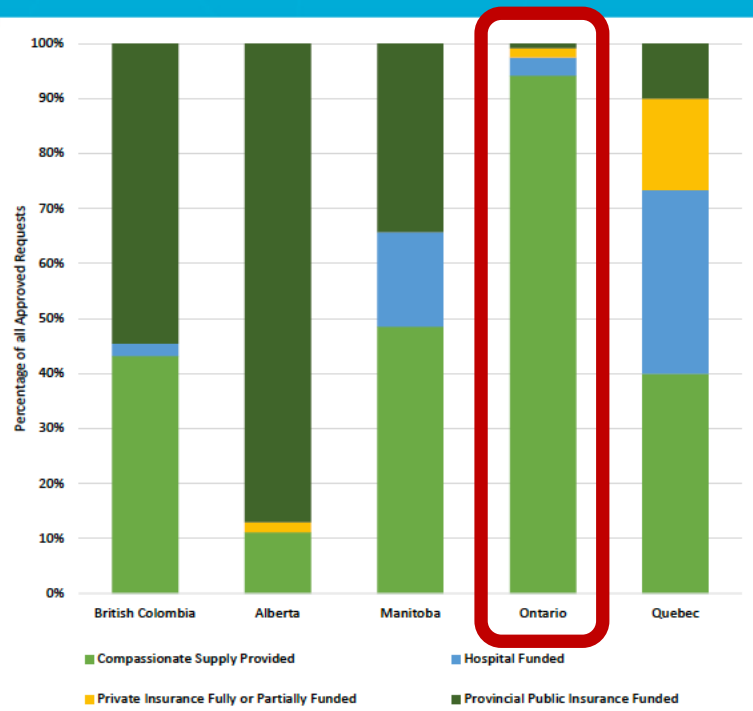
ACCESS AGM January 28, 2025

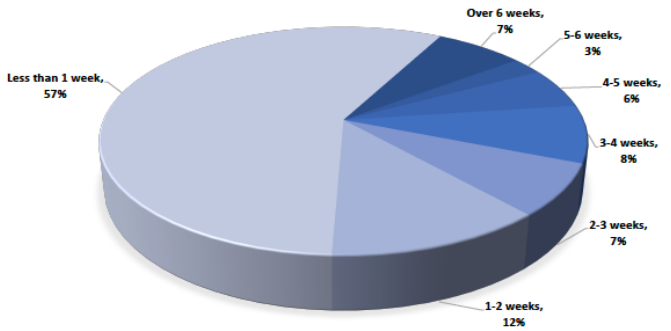
SickKids 2025

Innovative Cancer Drug Access Requests for Children in Canada





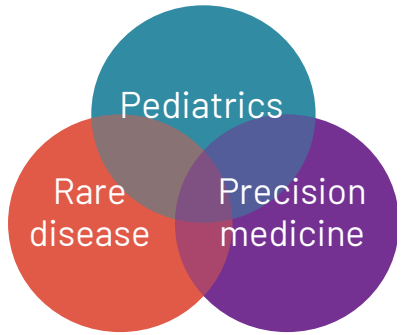




Judd et al 2023

The Pediatric Pipeline: Bends and Bottlenecks

*Few innovative therapies for children and youth are **developed** and **approved** for sale and funding in most health systems*



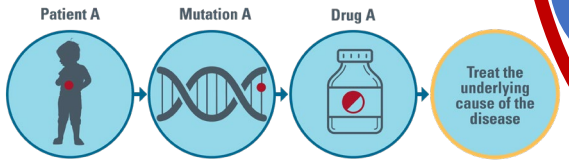
Key reasons:

Research Challenges
- Rare diseases
- Research ethics

Few Trials
- Weak market incentives
- Limited public funding

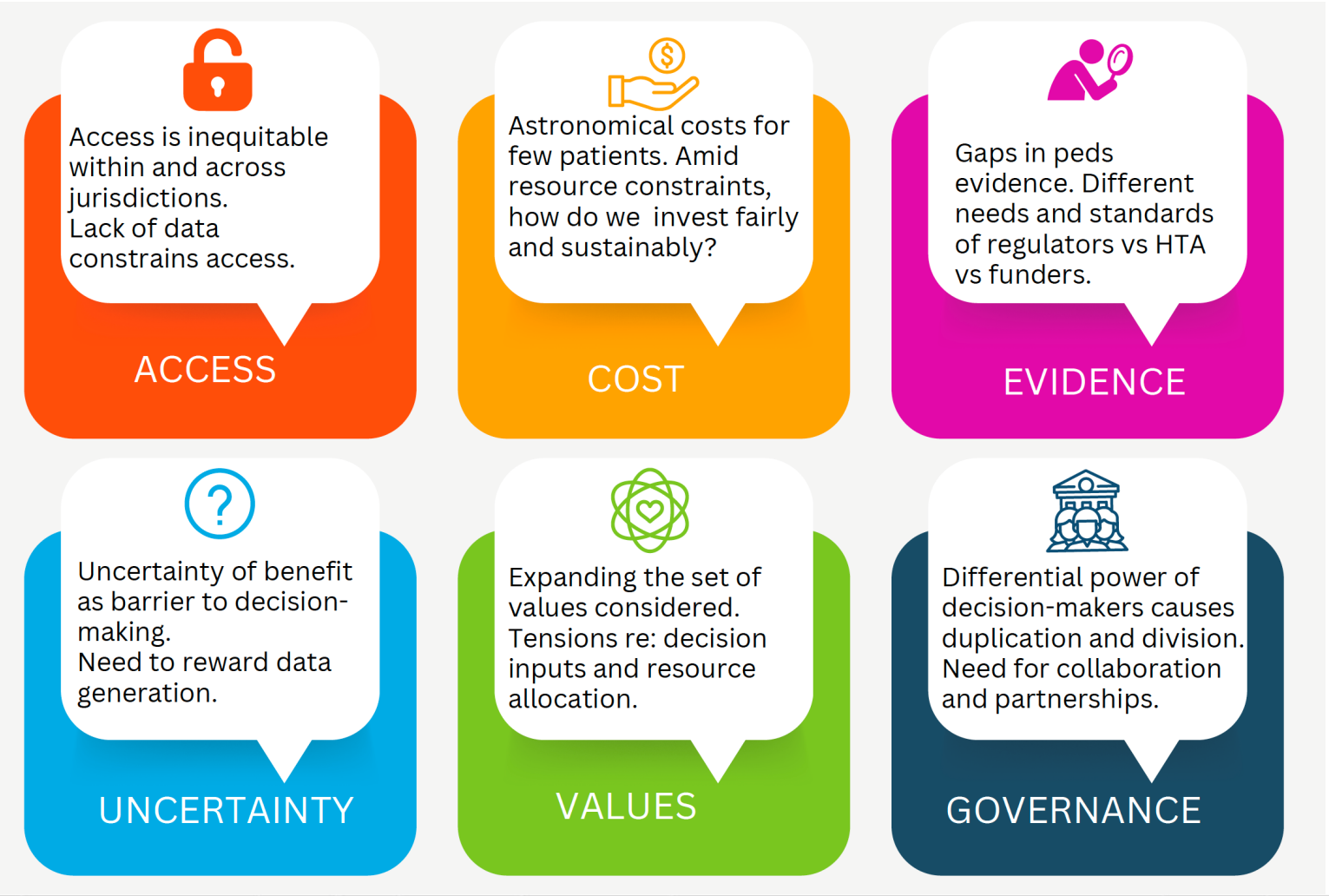
Limited Evidence
- Pediatrics
- Precision medicine

Politics + **Values**



Few Pediatric Indications
- Off-label prescribing
- Limited formulary listings

Determinants of Access to Cancer Drugs for Children



Pediatric Cancer Drug Access: Major Dynamics and Challenges

Health system challenges

Industry
- Market dynamics
- Political economy

Regulator
- Evidence of safety and efficacy
- Pediatric indication

HTA
- HTA submission
- Priority-setting for review

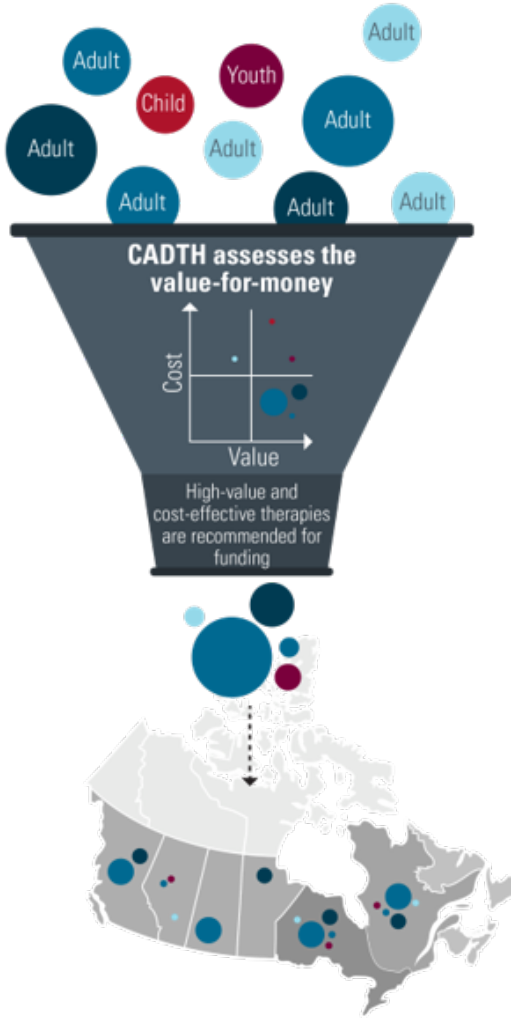
Payer
- Opportunity cost
- Political environment

HTA challenges

Evidence
- Biology
- Epidemiology
- Trial enrolment

Economics
- Life-course dynamics
- Child and family utilities
- Externalities

Ethics
- Procedural
- Substantive
- Spatial



Limited and inequitable access

Archetypal Challenges

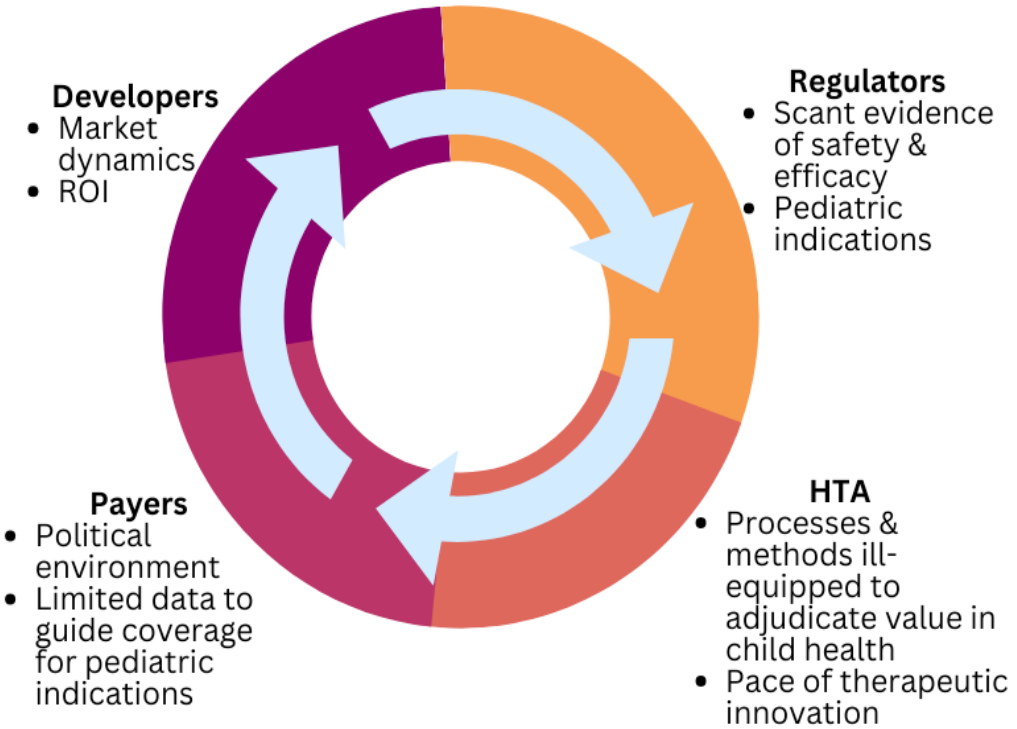
Drug Archetypes

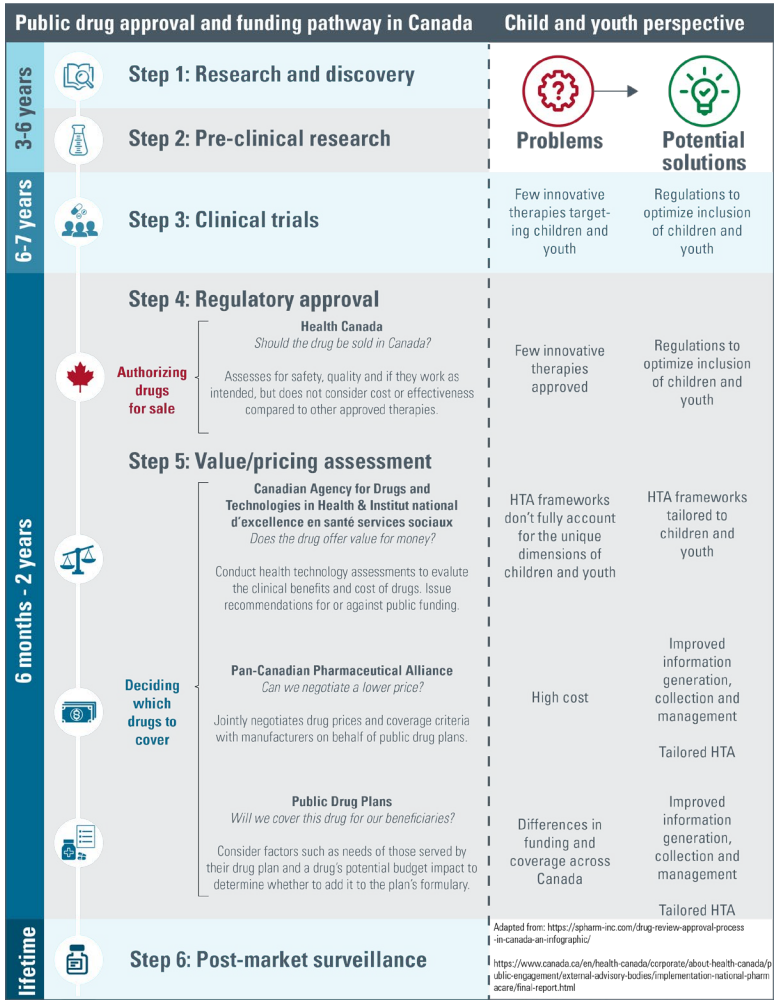
1. Developed in adults, and often later for pediatrics for the **same indication** (e.g. Brentuximab vedotin)

2. Developed in adults and children for a **different indication** (e.g. Crizotinib)

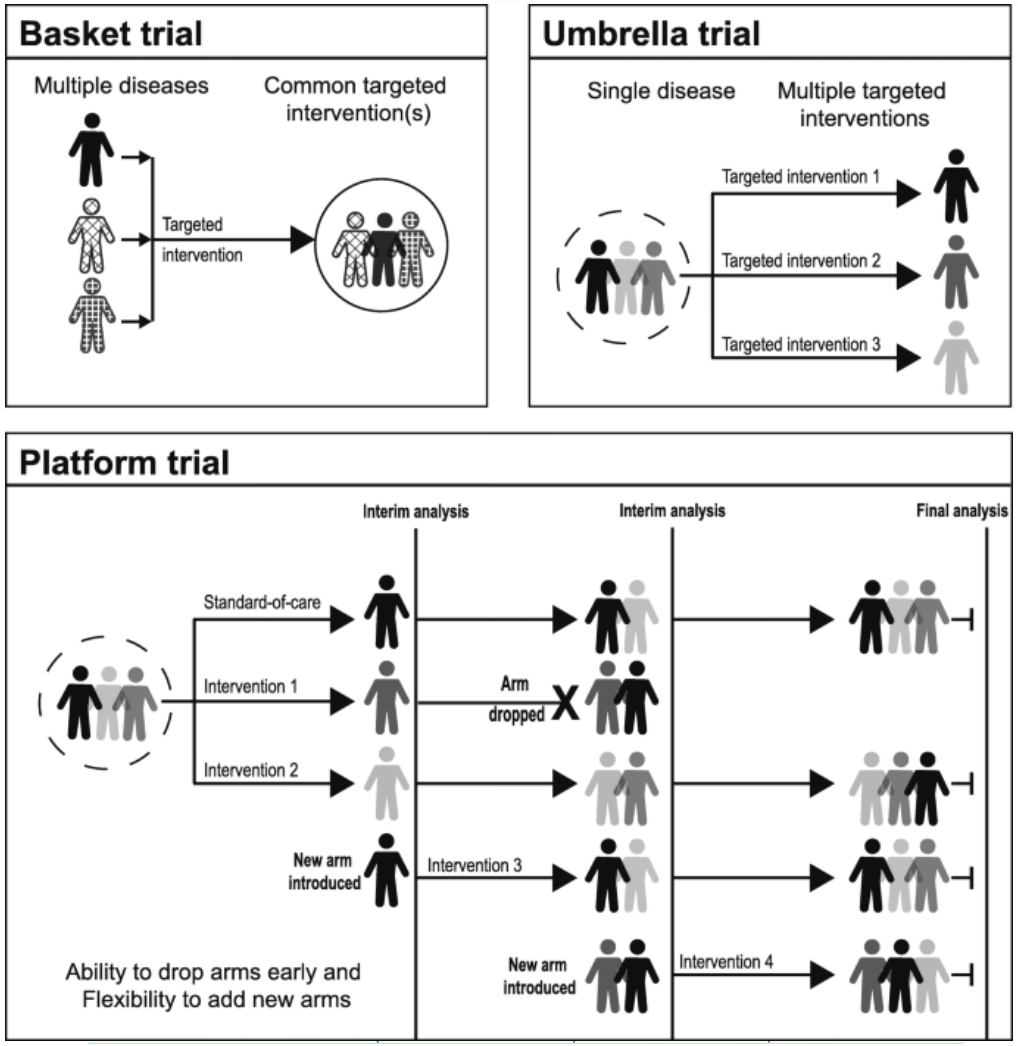
3. Developed **only for pediatrics** (e.g. Dinutuximab)

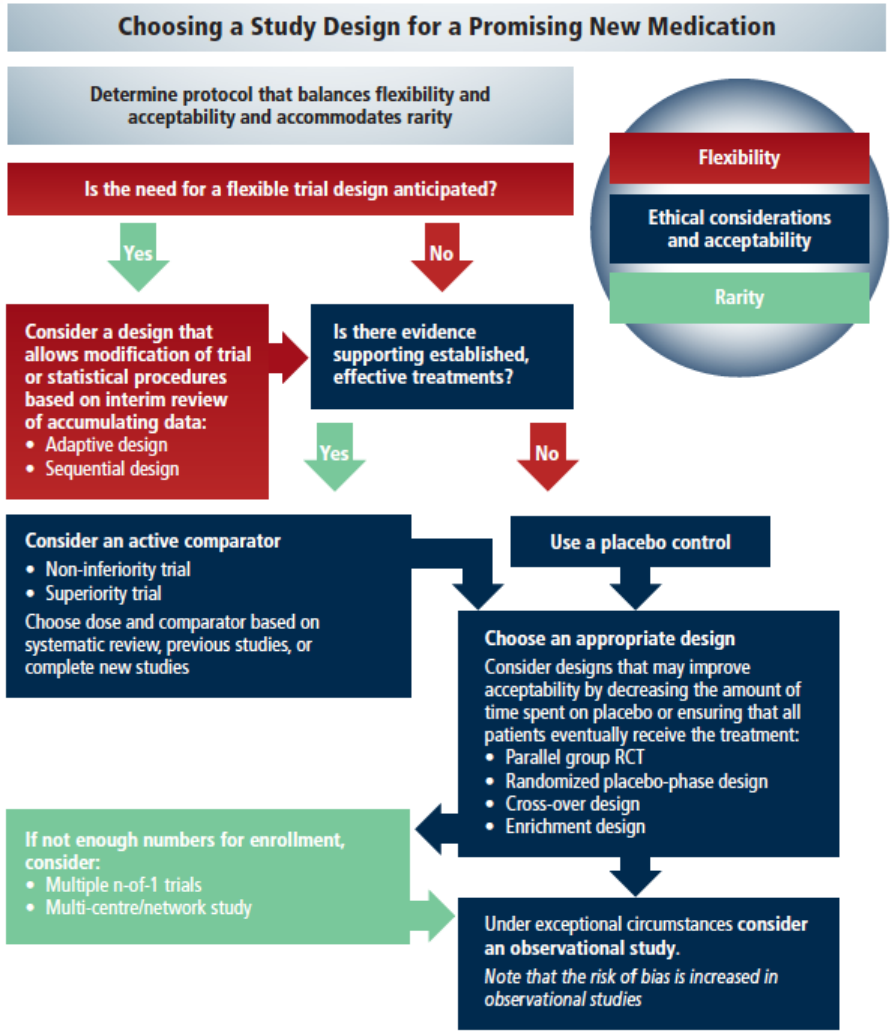
Shared and Distinct Challenges





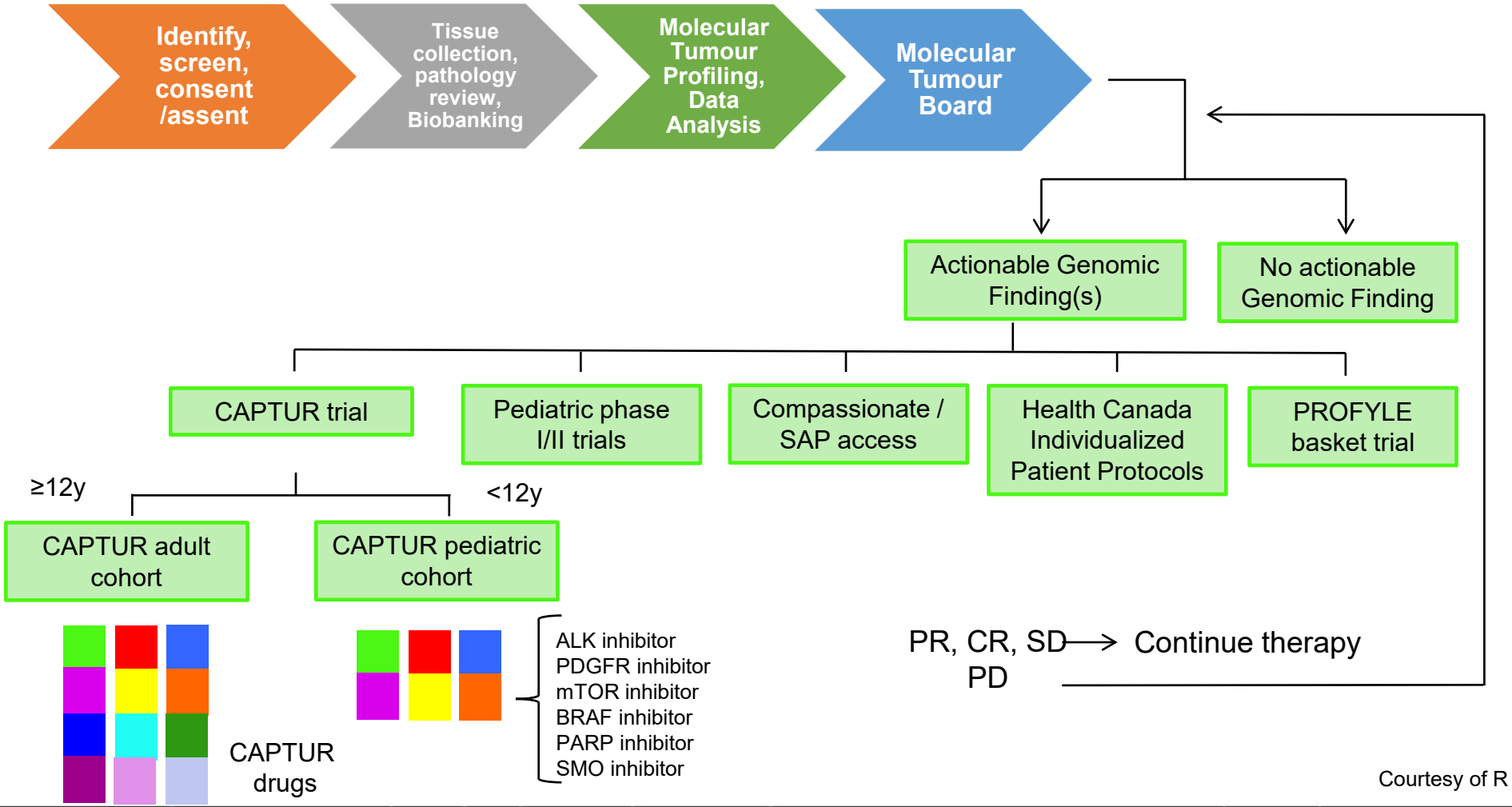
Adapting to Uncertainty: Innovation in Pediatric Trial Design





CCA 2014

Precision Oncology in Pediatrics: Trial Innovation in Practice



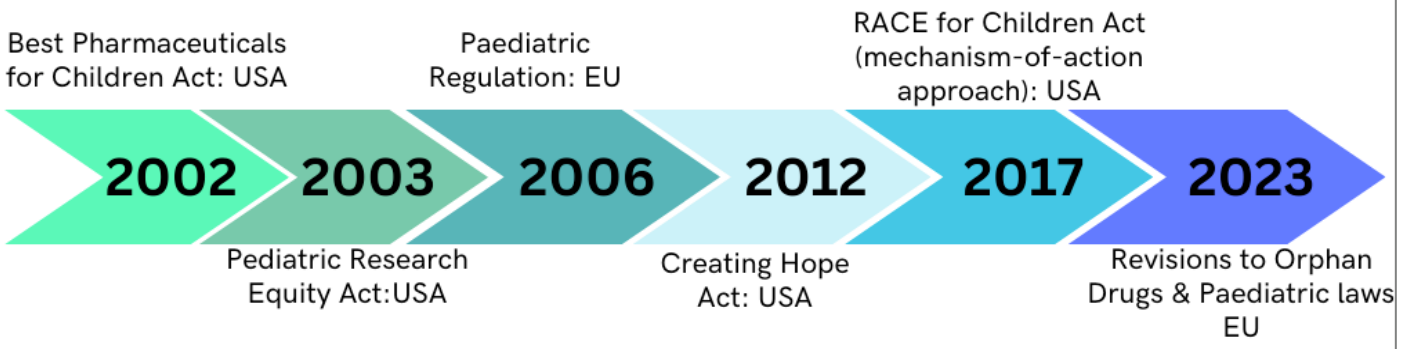
Courtesy of R Deyell. PROFYLE 2020

Policy as Legislation

International approaches to these challenges:

Pediatric-specific regulatory reform

Legal frameworks for paediatric drug development



Incentives to submission of paediatric data:

- Market exclusivity
  - EU & UK: 6-mos if paediatric investigative plan (PIP) is completed + 2yr extension for orphan designation
  - CAN: 6-mos paediatric extension for innovative drugs
- Reduced fees and review time

Conditions:

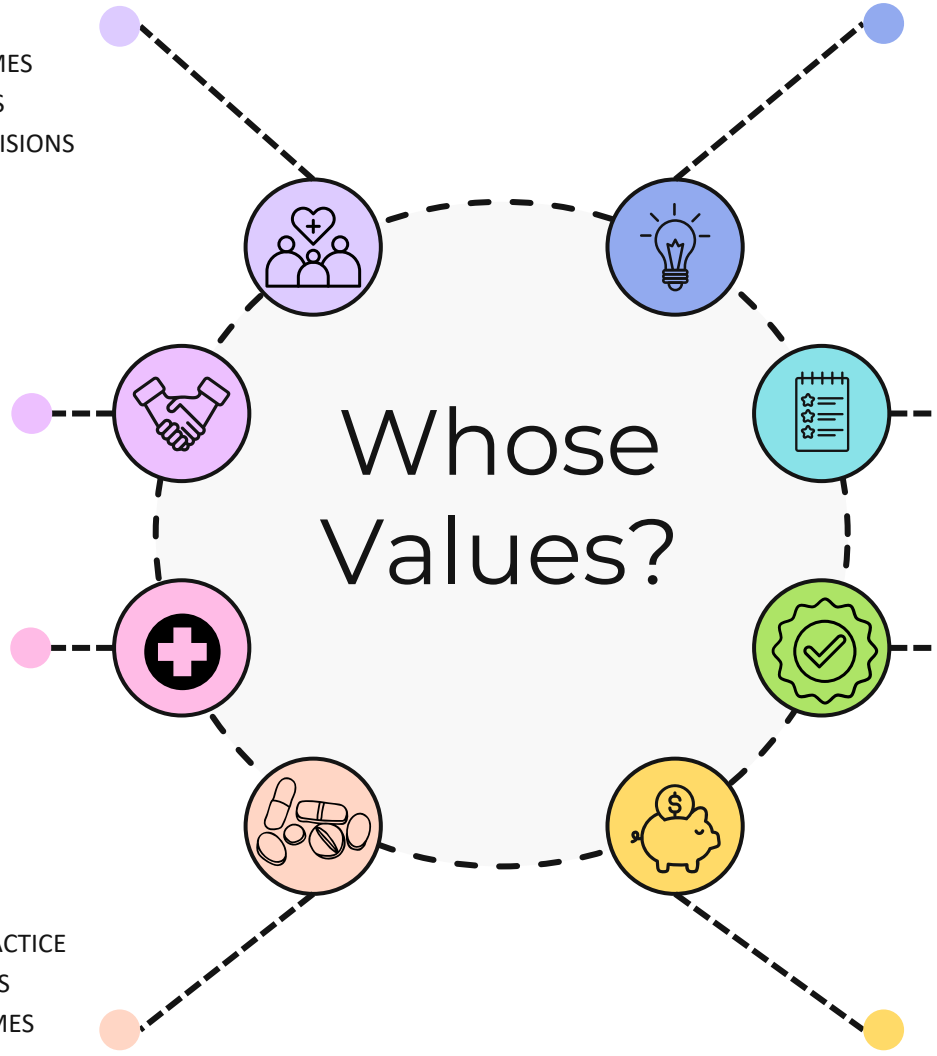
- EU & US: Paediatric data submitted within specific timelines (e.g. end of adult phase 1 trial)
- US: If molecular target is relevant to paediatric cancer, trials in children are required

Impact: dramatic increase in % of submissions including paediatric data

Same Problems, Different Framings, Distinct Architecture…

Jurisdiction	Regulator	Existing pediatric legislation	Regulatory pathways for pediatrics or rare disease (RD)	HTA body	Special provisions for peds or RD	Binding Recommend-ations	Special funding for peds or RD
Canada	Health Canada	*Pilot underway	Special Access Program Precision Regulation: Reliance Authority	CDA (National), INESSS (Quebec)	RD parameter in deliberative framework, FMEC 'sandbox'	✗	Varies by province/ territory
EU	European Medicines Agency (EMA)	✓	Paediatric Investigative Plan (PIP) requirement Orphan designation	Member states *Transitioning to EU-level joint clinical assessment	No	Varies by Member State	Varies by Member State
UK	Medicines & Healthcare products Regulatory Agency (MHRA)	✗	PIP Orphan designation Promising Innovative Medicine Designation	NICE (National)	Highly Specialized Technologies Appraisal	✓	Innovative Medicines Fund Cancer Drugs Fund
Australia	Therapeutic Goods Administration (TGA)	✗	Orphan designation	MSAC & PBAC	No	✓ *Contingent on Ministerial approval	Life-Saving Drugs Program

Value in an Era of Precision Medicine



Patients

TIMELY DIAGNOSIS
IMPROVED OUTCOMES
FEWER SIDE EFFECTS
CONFIDENCE IN DECISIONS
QUALITY OF LIFE

Drug Developer

INVESTMENT
INNOVATION
ROI
TRIAL RECRUITMENT
RISK

Policy Makers

FISCAL RESPONSIBILITY
EQUITY OF ACCESS
FAIRNESS
VOTER SUPPORT

Regulator

SAFETY
CLINICAL EFFECTIVENESS
COST-EFFECTIVENESS

Hospital/System

QUALITY PATIENT CARE
REPUTATION
TREATMENT OUTCOMES
FINANCIAL EFFICIENCY

HTA

CLINICAL EFFECTIVENESS
VALUE FOR MONEY
COST EFECTIVENESS
ETHICS

Clinicians

EVIDENCE-BASED PRACTICE
ACCURATE DIAGNOSIS
TREATMENT OUTCOMES
QUALITY OF CARE

Payer

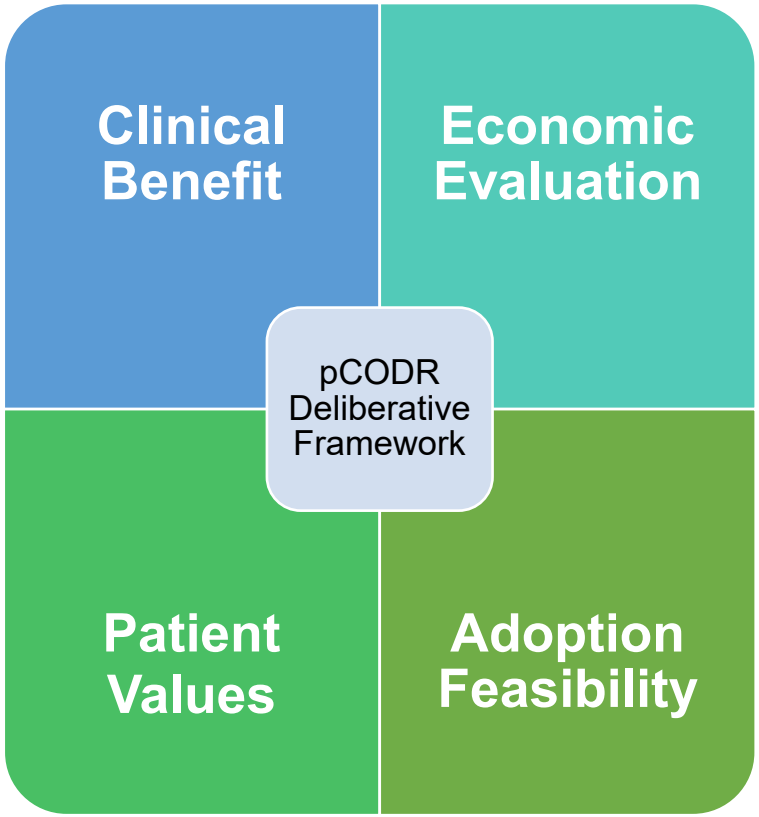
BUDGET IMPACT
COST-EFFECTIVENESS
EFFICIENT PATIENT ACCESS
CLINICAL EFFECTIVENESS

Adapted from Faulkner et al. Value in Health 2020

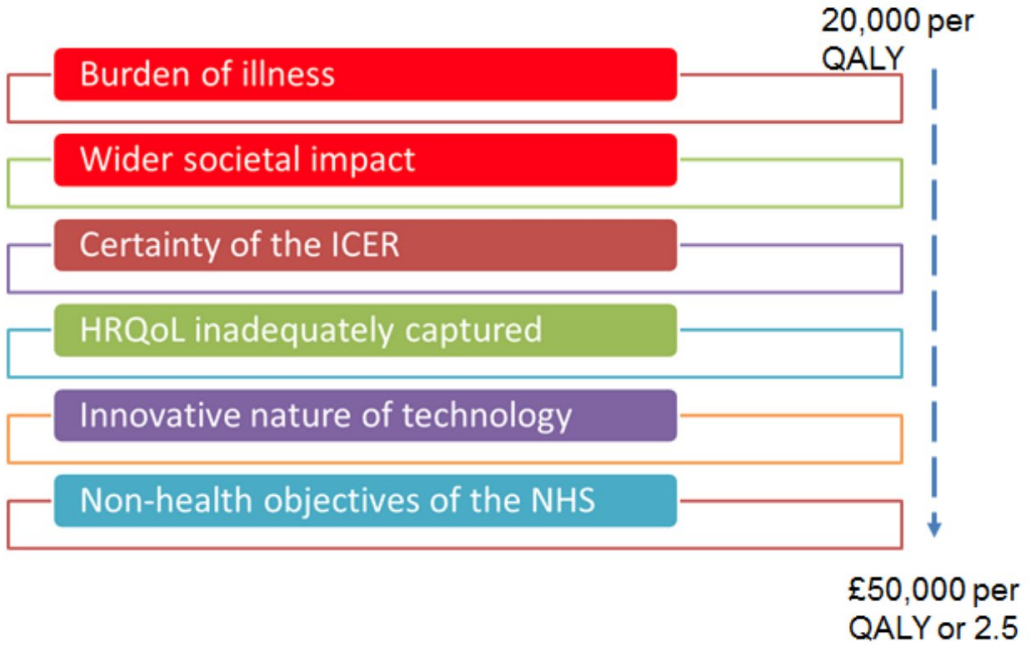
Value Frameworks: Deliberating on Uncertainty

SickKids 2025

CADTH

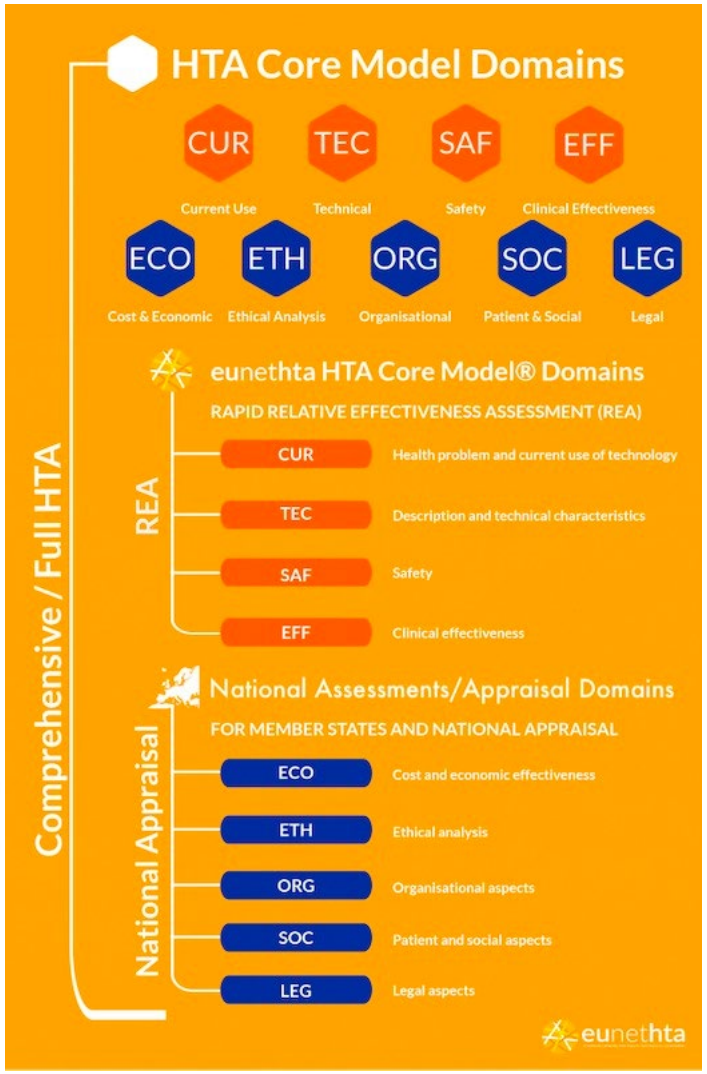


NICE National Institute for Health and Care Excellence



eunethta

EUROPEAN NETWORK FOR HEALTH TECHNOLOGY ASSESSMENT



Outcome Measures: Widening the Value Lens

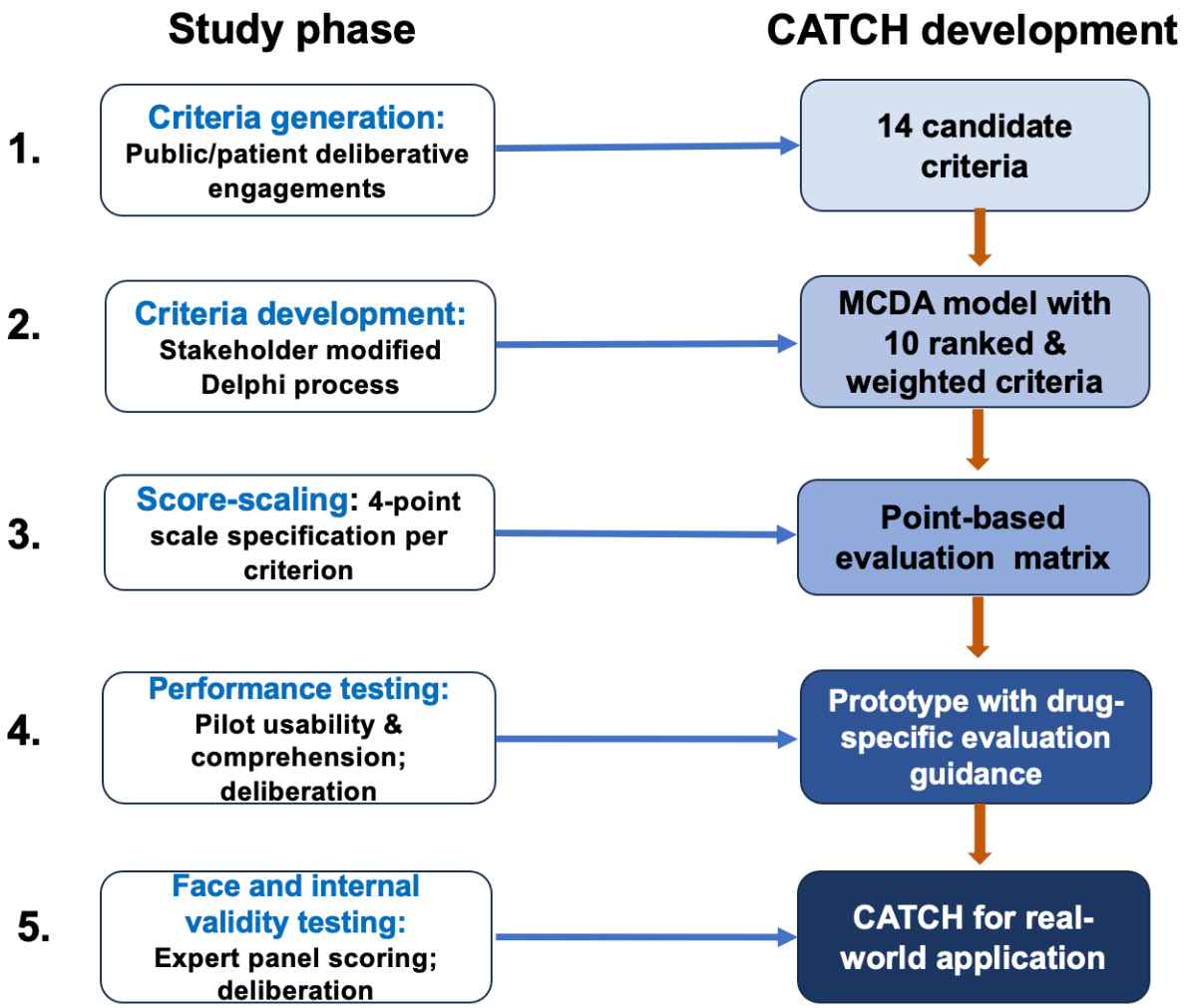
Populations

- **Experts**
  - Providers
  - Payers
  - Others
- **Patients**
  - Patients
  - Families
- **Publics**
  - General
  - Specific

Methods

- DPE
- DCE
- PRO/E

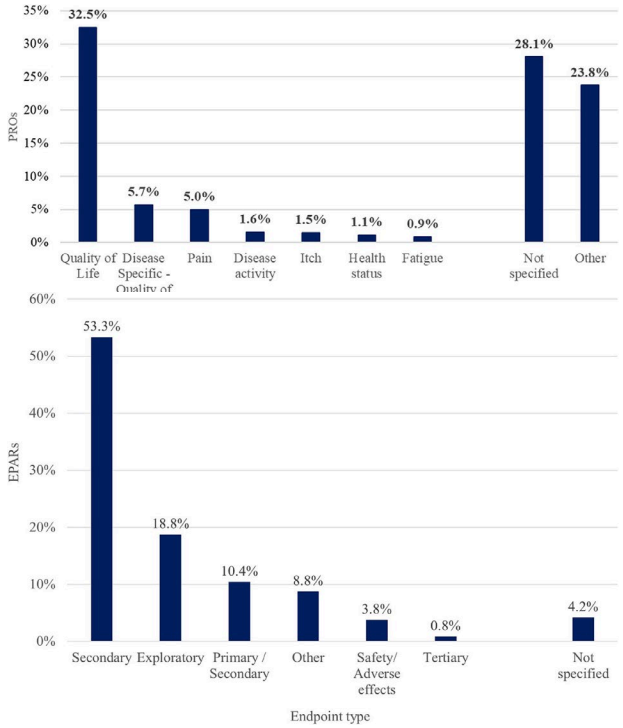
Making HTA Child-Sized: Value Framework Innovation

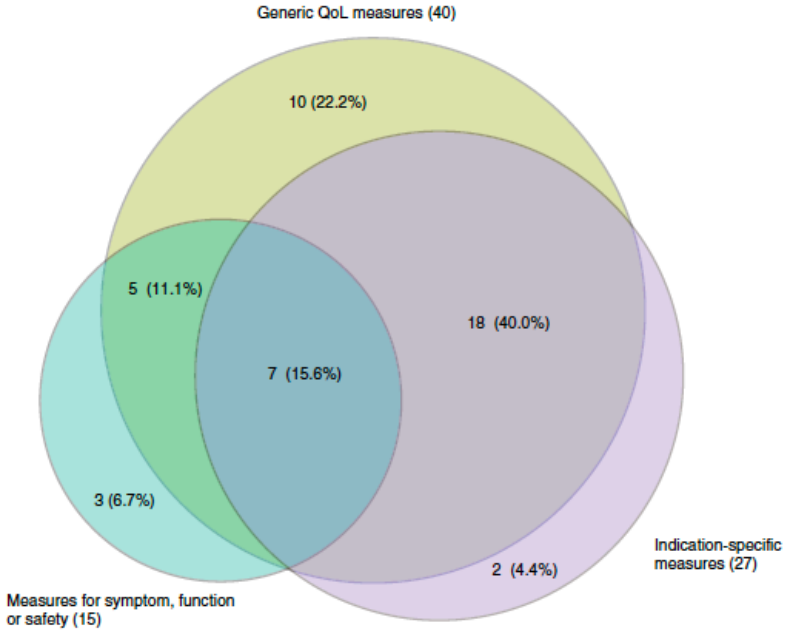


Final criteria and weights

Effectiveness	19	Equity	10
Child HRQOL	18	Family Impacts	9
Disease Severity	17	Childhood Development	3
Unmet Need	11	Rarity	2
Therapeutic Safety	10	Fair Innings	1

PROs in Practice: Role in Regulatory Approvals





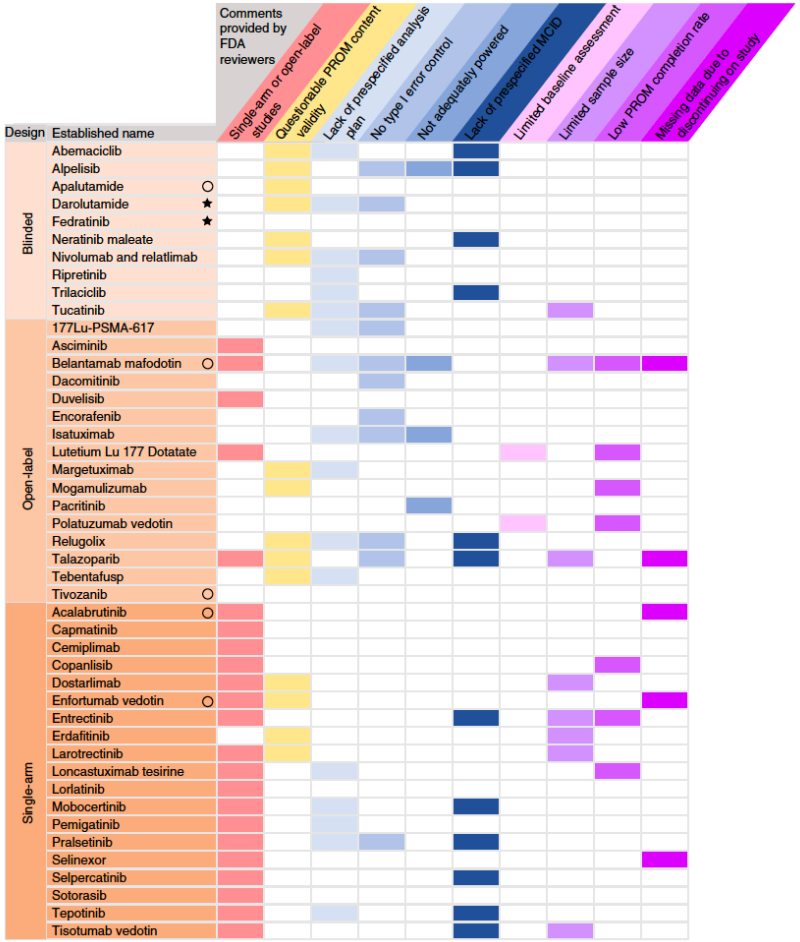
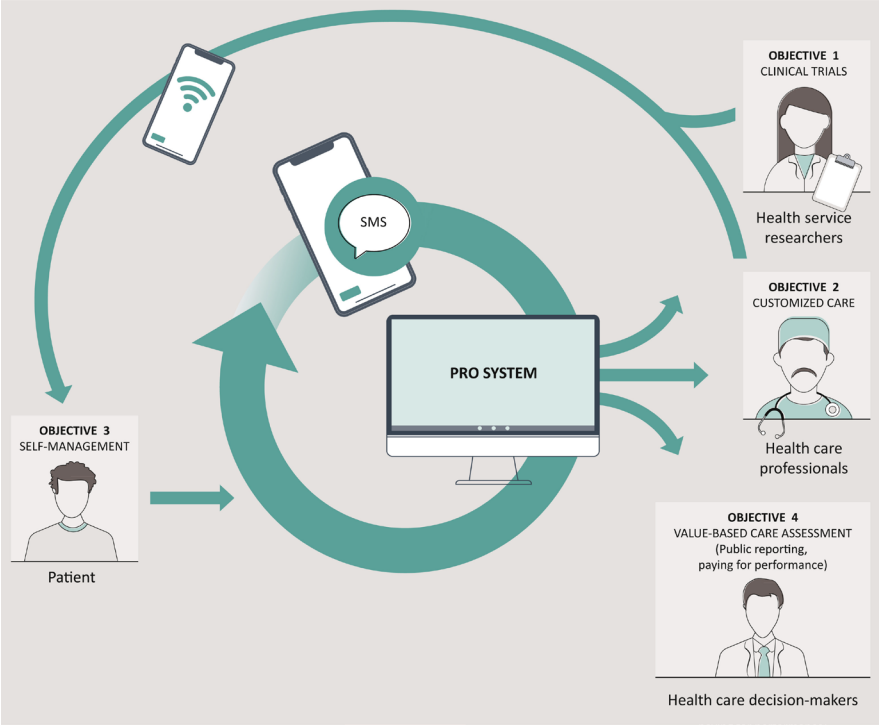


Table. Summary of PROMs Consideration Included in EMA New Marketing Authorizations in Oncology, 2017-2021

EMA new oncology marketing authorizations[a]	2017 (n = 15)	2018 (n = 22)	2019 (n = 13)	2020 (n = 23)	2021 (n = 30)	Total (N = 103)
Biosimilar, No. (%)	2 (13)	5 (23)	1 (8)	3 (13)	4 (13)	15 (15)
Generic, No. (%)	0	5 (23)	5 (39)	7 (30)	8 (27)	25 (24)
With PROMS, No. (%)	12 (80)	10 (46)	7 (54)	9 (39)	14 (47)	52 (51)
With PROMS excluding biosimilar and generic, No./total No. (%)	11/13 (85)	10/12 (83)	7/7 (100)	8/13 (62)	14/18 (78)	50/63 (79)

Ge et al., 2023; Ciani et al., 2023; Meregaglia et al., 2023

PROs in Practice: Evidence for Expanded Value Assessments

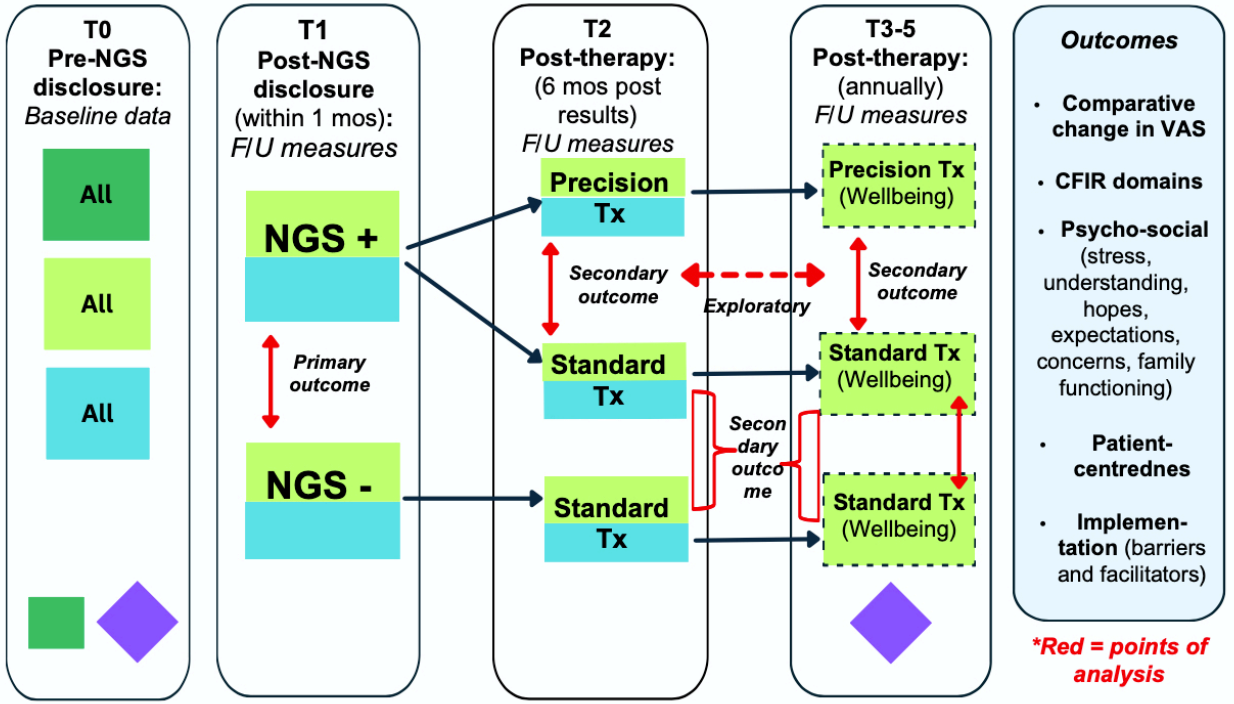


AIM 1: *Patient & Care-giver Experience*

- **Demographic survey**
- **Psychosocial Surveys** (incl. Pt./proxy EQ-5D-Y; Distress thermometer; Experiences & impacts; P-GUIDE)
- **Interview**

AIM 2: *Healthcare professional experience*

- **Interview**



Denburg et al., 2024

Emerging Policy Options

1. **Coordinate** review processes at regulatory and HTA stages
2. **Harmonize** standards and principles across regions
3. **Engage** multiple stakeholders upstream
4. **Amplify** the patient voice and **expand** decision-making tables

REDESIGNED HTA

HTA has to encompass more than just the patient as an adult [...] **Kids are dependent** on their surroundings and their support system, and those people are impacted, and their quality of life is impacted." *-Pharmacist*

REGULATORY REFORM

We have to...**anticipate needs at a very early stage**. Ideally, we would want to agree on a PIP [pediatric investigative plan] that actually takes into consideration HTA needs, whether it's through PROs, or other quality of life measures, which we might already request to satisfy the HTA decision-making. *-Regulator*

PATIENT VOICE

I think NICE is an exemplar for patient enrollment because they've got patients and clinicians at the table so they're able to make the submission together. And they're at the table when the topic is scoped, which is really important, so **they can say what outcomes matter**. And they're there when the uncertainties are discussed." *-HTA*

EVIDENCE GENERATION

There are uncertainties, and you're never going to really align regulatory and payer requirements, because they are different decisions. So the only resolution is to **reward data**, and that needs very early engagement, and we need to be all agreeing what the key outcomes are. *-HTA*

Summary

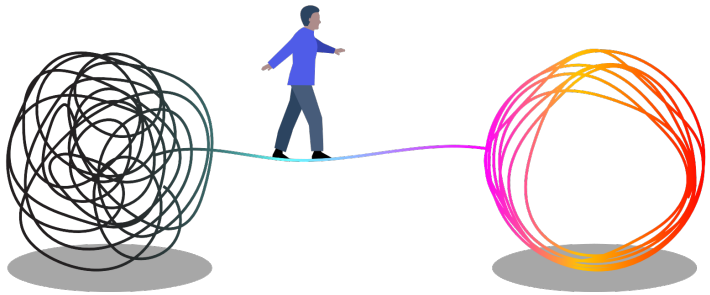
Policy Implications:

1. Pediatrics as a unique and neglected space
2. Oncology as a place to pilot innovative reform
3. Evolving policy landscape as context for findings

"The problem is small enough and the problem is big enough"

(Denburg et al., 2020)

- **Opportunities to strengthen access:**
  1. Policy recommendations on precision oncology implementation for policymakers internationally
  2. Child-focused HTA value framework
  3. Patient- and program-level PRO data for national precision oncology platform
- **Parallel work:**
  - Health system implementation of precision diagnostics in Canada and internationally



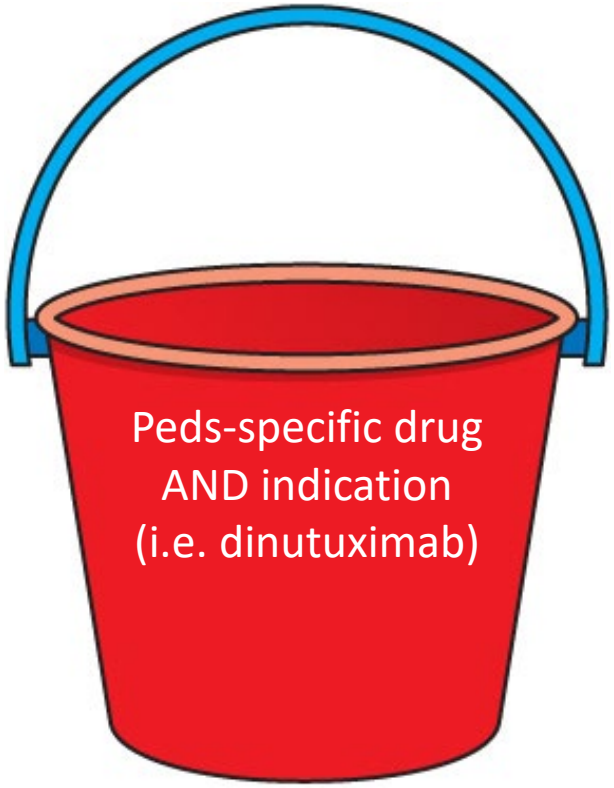
Making you voice heard: Stakeholder engagement in Health Technology Assessment

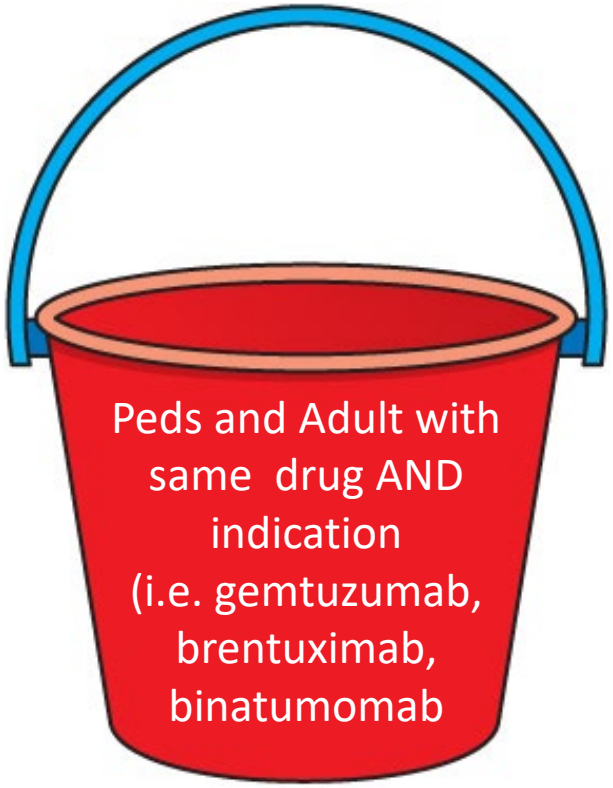
Drug Access in Canada Panel

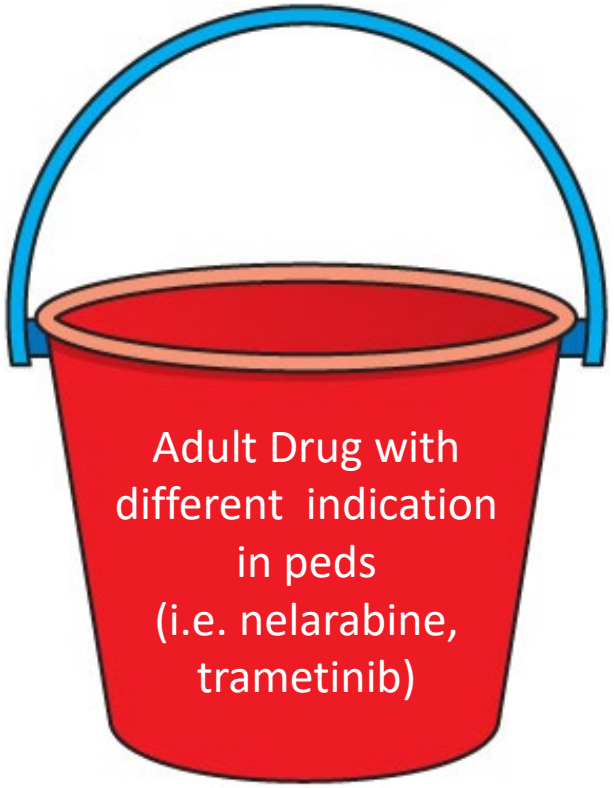
January 28, 2025

CIHR IRSC Canadian Institutes of Health Research Instituts de recherche en santé du Canada

‘Buckets’ of Challenges in Canadian Drug Funding







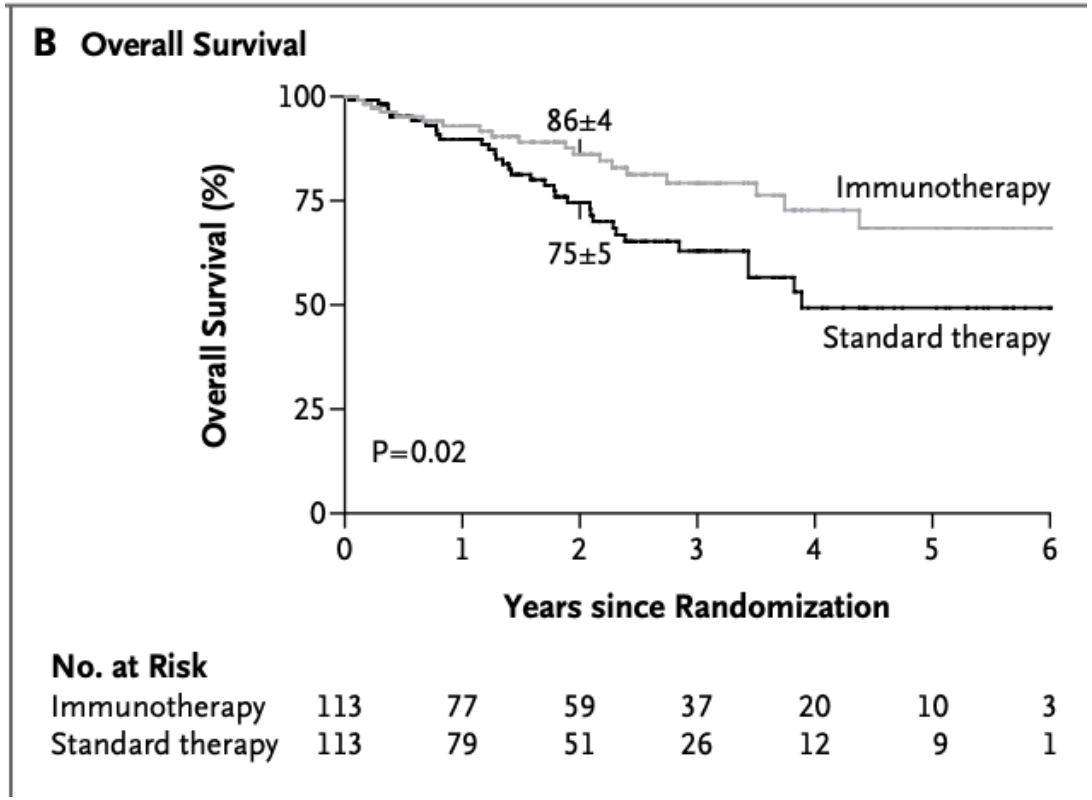
Peds-specific drug and indication: Dinutuximab

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Anti-GD2 Antibody with GM-CSF, Interleukin-2, and Isotretinoin for Neuroblastoma

Alice L. Yu, M.D., Ph.D., Andrew L. Gilman, M.D., M. Fevzi Ozkaynak, M.D., Wendy B. London, Ph.D., Susan G. Kreissman, M.D., Helen X. Chen, M.D., Malcolm Smith, M.D., Ph.D., Barry Anderson, M.D., Judith G. Villablanca, M.D., Katherine K. Matthay, M.D., Hiro Shimada, M.D., Stephan A. Grupp, M.D., Ph.D., Robert Seeger, M.D., C. Patrick Reynolds, M.D., Ph.D., Allen Buxton, M.S., Ralph A. Reisfeld, Ph.D., Steven D. Gillies, Ph.D., Susan L. Cohn, M.D., John M. Maris, M.D., and Paul M. Sondel, M.D., Ph.D., for the Children's Oncology Group



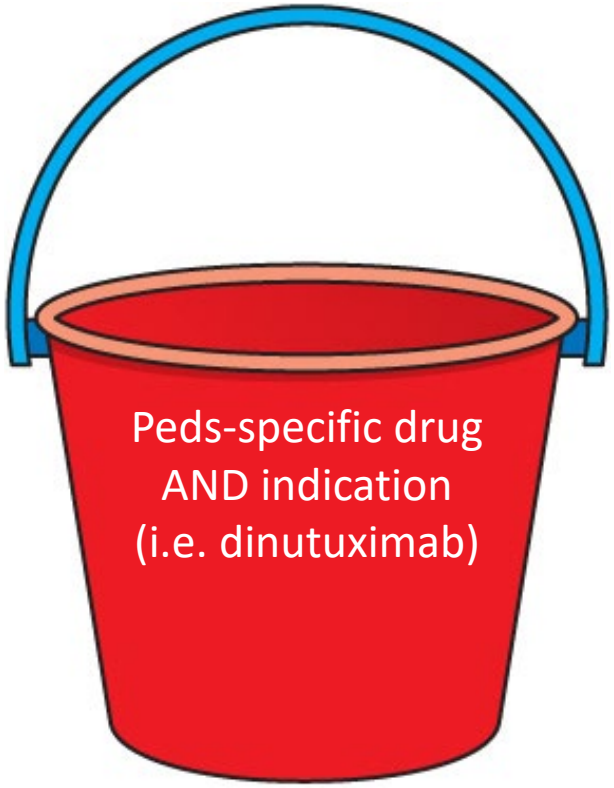
2010

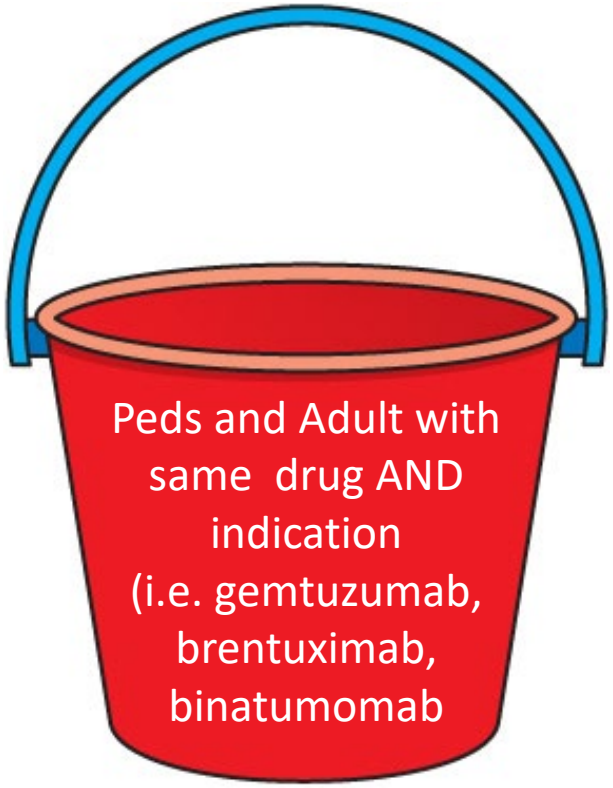
CADTH/pCODR Dintuximab Review

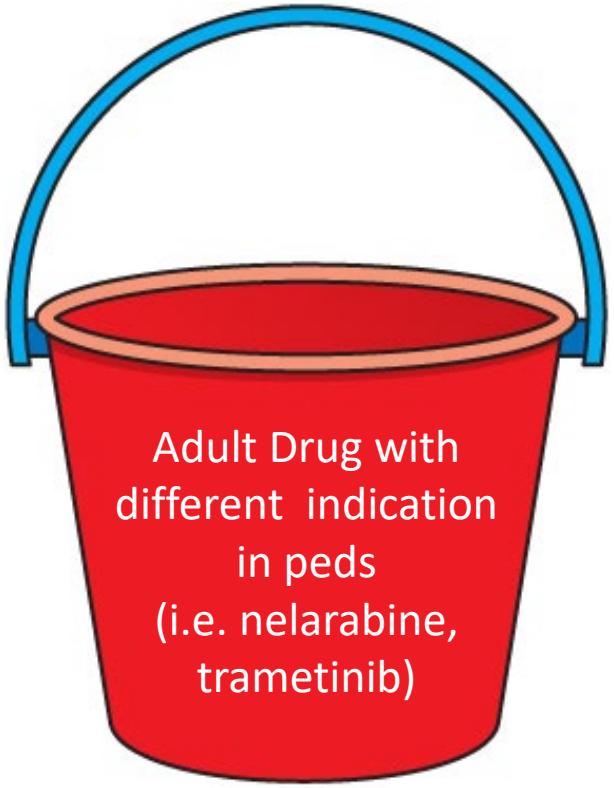
- Combined Submission(Ac2orn, CORD, OPACC)
  - “The Committee deliberated on the joint patient advocacy group input submission and concluded that dinutuximab aligns with patient values in that it offers a possible impact on the disease. pERC commended the efforts of this joint input submission that brought significant light to patient and family challenges and values in this uncommon disease setting.”
- 4 Registered Clinician submissions

Drug: Dinutuximab **Submitted Reimbursement Request:** To be used in combination with granulocyte-macrophage colony-stimulating factor (GM-CSF), interleukin-2 (IL-2), and retinoic acid (RA) for the treatment of pediatric patients with high-risk neuroblastoma who achieve at least a partial response to prior first-line multi-agent, multimodal therapy	
Submitted By: United Therapeutics Corp.	**Manufactured By:** United Therapeutics Corp.
NOC Date: November 28, 2018	**Submission Date:** October 1, 2018
Initial Recommendation: March 7, 2019	**Final Recommendation:** March 26, 2019

‘Buckets’ of Challenges in Canadian Drug Funding







Gemtuzumab in AML

Gemtuzumab Ozogamicin in Children and Adolescents With De Novo Acute Myeloid Leukemia Improves Event-Free Survival by Reducing Relapse Risk: Results From the Randomized Phase III Children's Oncology Group Trial AAML0531

Alan S. Gamis, Todd A. Alonzo, Soheil Meshinchi, Lillian Sung, Robert B. Gerbing, Susana C. Raimondi, Betsy A. Hirsch, Samir B. Kahwash, Amy Heerema-McKenney, Laura Winter, Kathleen Glick, Stella M. Davies, Patti Byron, Franklin O. Smith, and Richard Aplenc

2014

- In 2019: Pfizer submits for use in upfront AML for 15+

Gemtuzumab in AML

- POGO Clinician Group Submission
- Leukemia Lymphoma Society Submission

- pERC noted that the eligibility criteria in the ALFA-0701 was patients who were 50 to 70 years old; however, that the approved Health Canada indication is for adult patients. pERC agreed with the CGP that for patients aged 70 years and older with an absence of adverse cytogenetics, they should be eligible for gemtuzumab ozogamicin. Given the Health Canada-approved indication is for adult patients, pERC did not recommend gemtuzumab ozogamicin for patients under 18 years of age. pERC considered this out of scope but acknowledged the COG AML 0531 trial, which examined the safety and efficacy of gemtuzumab ozogamicin in children and young adults using a different chemotherapy regimen.

Brentuximab in Hodgkin Lymphoma

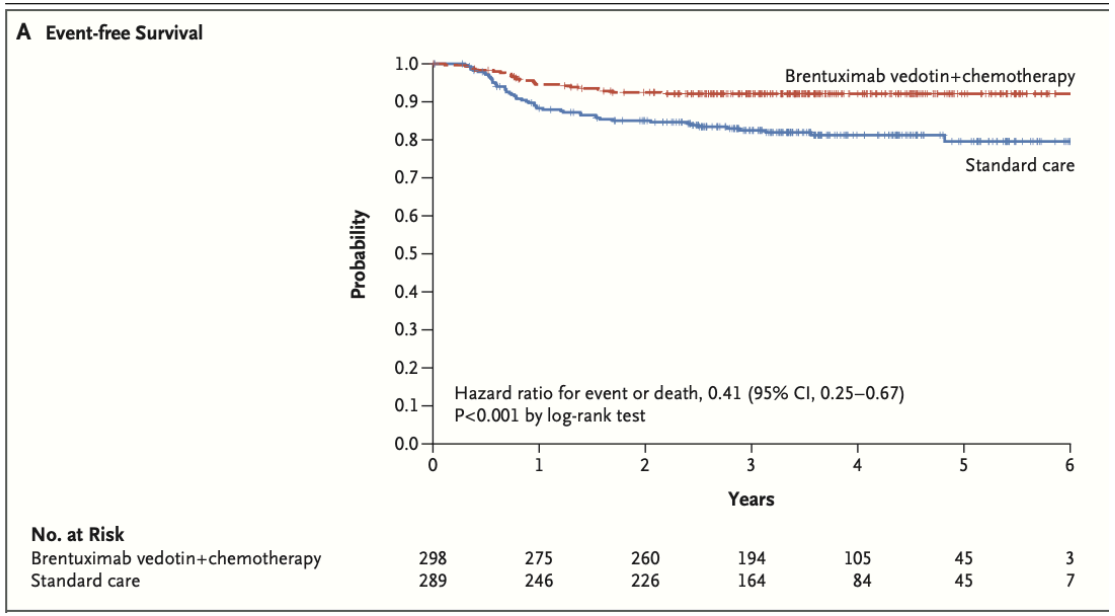
The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Brentuximab Vedotin with Chemotherapy in Pediatric High-Risk Hodgkin's Lymphoma

S.M. Castellino, Q. Pei, S.K. Parsons, D. Hodgson, K. McCarten, T. Horton, S. Cho, Y. Wu, A. Punnett, H. Dave, T.O. Henderson, B.S. Hoppe, A.-M. Charpentier, F.G. Keller, and K.M. Kelly

ABSTRACT



2022

- In 2023, A CDA submission was made for the use of brentuximab with an 'adult' backbone as per ECHELON-1 results

Brentuximab in Hodgkin Lymphoma

- 1 patient group submission (Lymphoma Canada, no pediatric experience represented)
- 2 Clinician Groups (POGO and CCO-Hematology)

June 14, 2023

RE: CADTH Review of Adcetris

Dear Dr. Gibson:

I am writing to acknowledge that we recently received your input on Adcetris (brentuximab vedotin for injection) for the treatment of previously untreated patients with advanced stage Hodgkin lymphoma, in combination with doxorubicin, vinblastine, and dacarbazine (AVD). As always, CADTH sincerely appreciates the participation of POGO in the CADTH drug review process.

We thank POGO for drawing our attention to the use of brentuximab vedotin in combination with doxorubicin, vincristine, etoposide, prednisone, and cyclophosphamide (AVEPC) for pediatric patients. CADTH has consulted with the sponsor and the participating drug programs, and we have expanded the scope of the ongoing review of brentuximab vedotin to include use in combination with AVEPC for pediatric patients.

Brentuximab in Hodgkin Lymphoma

What Is the CADTH Reimbursement Recommendation for Adcetris?

CADTH recommends that Adcetris be reimbursed by public drug plans for the treatment of patients with previously untreated advanced stage Hodgkin lymphoma (HL) if certain conditions are met.

Which Patients Are Eligible for Coverage?

Adcetris should only be covered to treat adults aged 18 years or older with advanced stage classical HL or children and adolescents aged 2 years or older with high-risk HL who are in relatively good health. Adcetris should not be covered to treat patients with nodular lymphocyte-predominant HL, severe sensory or motor peripheral neuropathy, cerebral or meningeal disease, or a neurologic disease that affects their daily activities.

Blinatumomab in 1st Line B-ALL

- Spring 2024, Amgen is preparing an ADULT submission for blinatumomab based on E1910 Study

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Blinatumomab for MRD-Negative Acute Lymphoblastic Leukemia in Adults

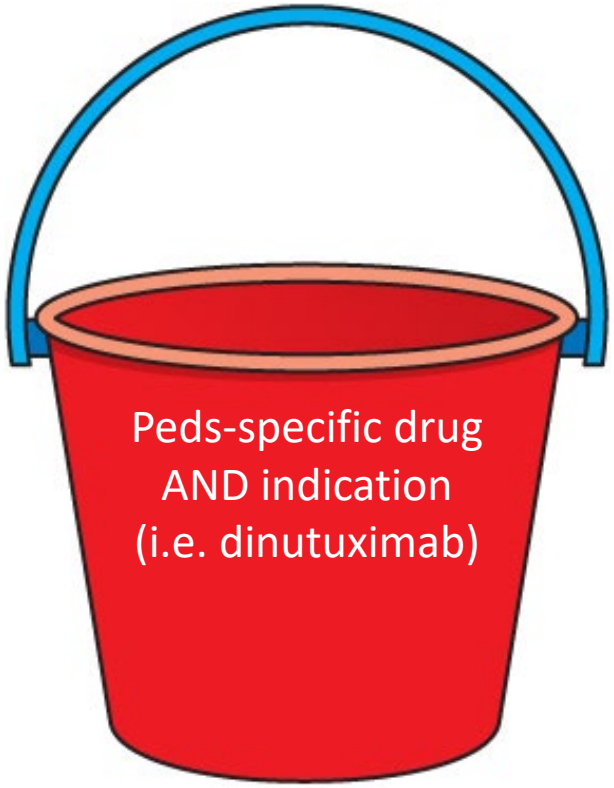
M.R. Litzow, Z. Sun, R.J. Mattison, E.M. Paietta, K.G. Roberts, Y. Zhang, J. Racevskis, H.M. Lazarus, J.M. Rowe, D.A. Arber, M.J. Wieduwilt, M. Liedtke, J. Bergeron, B.L. Wood, Y. Zhao, G. Wu, T.-C. Chang, W. Zhang, K.W. Pratz, S.N. Dinner, N. Frey, S.D. Gore, B. Bhatnagar, E.L. Atallah, G.L. Uy, D. Jeyakumar, T.L. Lin, C.L. Willman, D.J. DeAngelo, S.B. Patel, M.A. Elliott, A.S. Advani, D. Tzachanis, P. Vachhani, R.R. Bhave, E. Sharon, R.F. Little, H.P. Erba, R.M. Stone, S.M. Luger, C.G. Mullighan, and M.S. Tallman

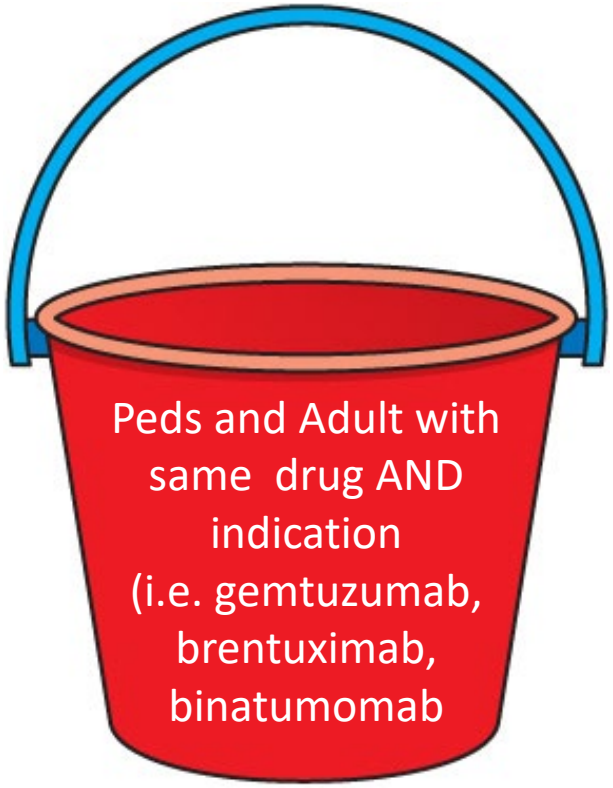
ABSTRACT

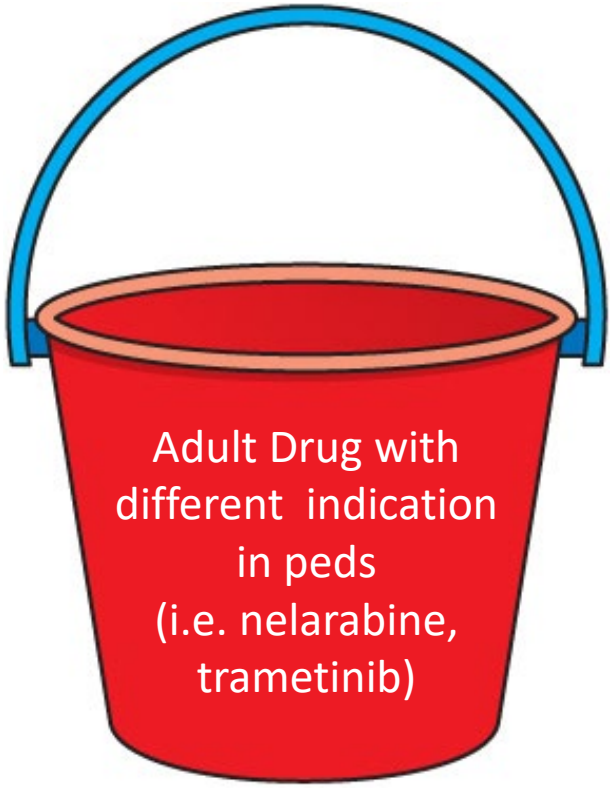
Blinatumomab in 1st Line B-ALL

- July 2024: COG informs members of results of AALL 1731, results confidential until planned release at ASH in December
- August: COG releases confidential results document for “regulatory agencies and insurers”
- Amgen agrees to alter current planned submission to include pediatric data
- CDA agrees to ‘Rolling Assessment” (Taking adult data first, Peds data when released)
- Feedback: LLSC, Ac2orn, OPACC, POGO
- Results?

‘Buckets’ of Challenges in Canadian Drug Funding







‘Repurposed’ Drugs in Pediatric Cancer

- As the age of greater biologic and genetic insight in tumours continues to advance, many agents initially approved and marketed for more common adult malignancies are finding roles in pediatric cancers
- Examples
  - Nelarabine in T-Cell ALL
  - Crizotinib, lorlatinib in neuroblastoma
  - Regorafenib, cabozantinib in osteosarcoma
  - Dabrafenib, trametinib in low grade gliomas

‘Clinician Driven’ Submissions to CDA

- When pharma does not submit a drug/indication for assessment at CDA, clinician groups may choose to prepare an ‘unsponsored’ submission
- These rare submissions require most of what usual submissions by pharma include:
  - Summary of evidence/systematic review
  - Comparison with alternatives
  - Pharmaco-economic review

Nelarabine in T-Cell ALL

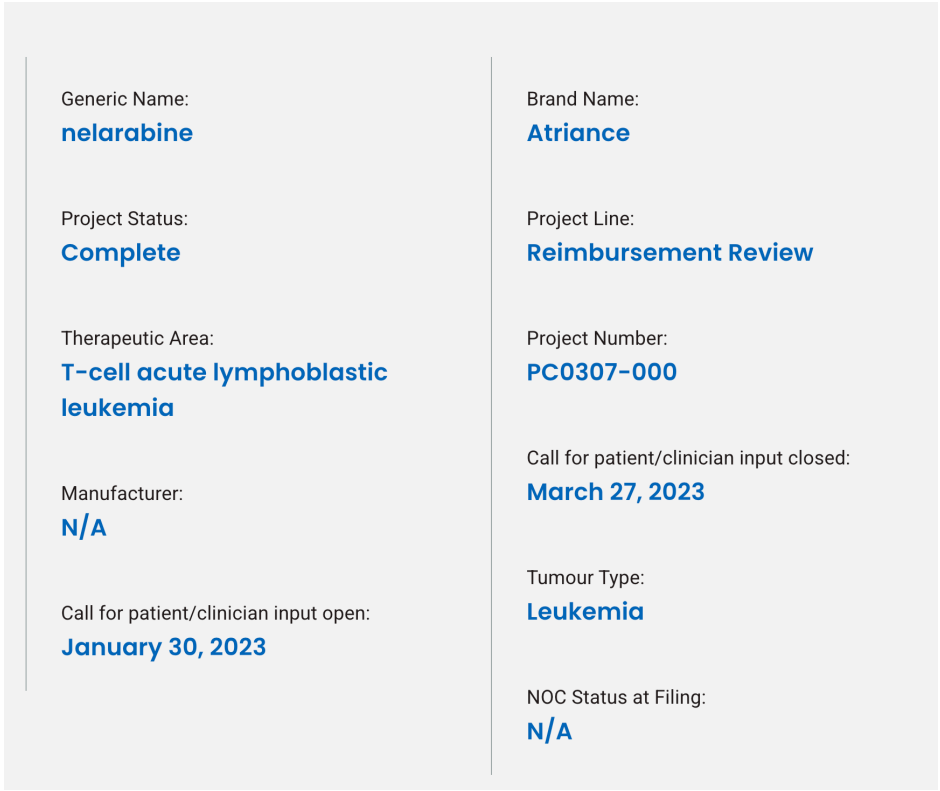
original reports

Children's Oncology Group AALL0434: A Phase III Randomized Clinical Trial Testing Nelarabine in Newly Diagnosed T-Cell Acute Lymphoblastic Leukemia

Kimberly P. Dunsmore, MD[1]; Stuart S. Winter, MD[2]; Meenakshi Devidas, MBA, PhD[3]; Brent L. Wood, MD, PhD[4]; Natia Esiashvili, MD[5]; Zhiguo Chen, MS[6]; Nancy Eisenberg, MPH[7]; Nikki Briegel, BPharm, GradDipClinPharm[8]; Robert J. Hayashi, MD[9]; Julie M. Gastier-Foster, PhD[10,11]; Andrew J. Carroll, PhD[12]; Nyla A. Heerema, PhD[11]; Barbara L. Asselin, MD[13]; Karen R. Rabin, MD, PhD[14]; Patrick A. Zweidler-Mckay, MD, PhD[15]; Elizabeth A. Raetz, MD[16]; Mignon L. Loh, MD[17]; Kirk R. Schultz, MD[18]; Naomi J. Winick, MD[19]; William L. Carroll, MD[16]; and Stephen P. Hunger, MD[20]

2020

Nelarabine in T-ALL



- POGO Clinician Submission
- LLSC feedback included Ac2orn, OPAC, CCC
- BCCH, Janeway feedback

Nelarabine in T-ALL

CADTH Reimbursement Recommendation

Nelarabine (Atriance)

Indication: Nelarabine (Atriance) for addition to front-line multiagent therapy of pediatric, adolescent, and young adult patients (aged 1 year to 30 years at diagnosis) with intermediate- or high-risk T-cell acute lymphoblastic leukemia

Sponsor: Pediatric Oncology Group of Ontario

Final recommendation: Reimburse with conditions

- Lessons Learned
  - It's POSSIBLE
  - Its incredibly time consuming and not sustainable for the variety of agents needed for small populations in pediatric cancer

When Pharma Doesn't Submit: The Future?

- CDA recently launched Formulary Management Expert Committee (FMEC)
  - Non-Sponsored Reimbursement Reviews evaluate a single drug that is later in its life cycle with evidence to support the drug's use in a previously unfunded indication.
  - Streamlined Drug Class
  - Therapeutic Reviews

FMEC in Pediatric Cancer

Drug	Indication	Current State
Blinatumomab	1st relapse in B-ALL	• Draft recommendation in December, awaiting final and ? Implementation
Dabrafenib and Trametinib	V600E mutated Low Grade Gliomas	• Feedback submitted, meeting in March 2025
Regorafenib	Metastatic Osteosarcoma	• Feedback submitted, meeting in March 2025
Nivolumab	High Risk Hodgkin Lymphoma	• Feedback due January 2025, meeting in May 2025

In Summary

- The process of ensuring access and funding for pediatric cancer therapies remains a challenge
- In the absence of transformational approaches at the HTA and reimbursement levels, we should continue to advocate for pediatric cancer patients in the current systems
- PWLE and clinician voices must be active in the process to use existing tools to optimize access and reimbursement equitably across Canada

access acces

Thank you
Merci

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Advancing Childhood Cancer Experience, Science & Survivorship
Agir contre le cancer des enfants avec succès

CIHR IRSC Canadian Institutes of Health Research Instituts de recherche en santé du Canada

Panel Discussion:
Drug Access in Canada

- Avram Denburg
- Paul Gibson
- Keith McIntosh
- Supriya Sharma
- Ross Wallace (moderator)

access acces

Interested in participating in discussions about next steps in pediatric cancer drug access?

Complete this survey!

Thanks // Merci

Link will be shared again in a communication after the Annual Meeting