freenome

November 7, 2022

Agency for Healthcare Research and Quality
Effective Health Care Program
5600 Fishers Lane
Rockville, MD 20857

Re: AHRQ Draft Report: CMS-3431-N Analysis of Requirements for Coverage with Evidence Development (CED)

Spot the pattern.
Treat the cancer.

Dear Sir or Madam:

Thank you for the opportunity to submit comments on the AHRQ Draft Report: Analysis of Requirements for Coverage with Evidence Development.

At Freenome, our mission is to develop tools to empower everyone to prevent, detect, and treat disease with an initial focus on colorectal cancer (CRC). Freenome plans to seek FDA approval for a blood-based CRC screening test that indicates the presence of CRC by assessing changes in methylation and protein markers. We believe that our test, once approved, has the potential to significantly improve adherence to CRC screening recommendations, which will ultimately lead to improved patient outcomes.

Freenome looks forward to an ongoing discussion with AHRQ and the Centers for Medicare & Medicaid Services (CMS) regarding the draft report and its potential implications for future CMS coverage determinations.

Proposed Requirements

Below please find our comments on specific requirements within Table 4. The lettering refers to the lettering associated with amended requirements in Table 4:

B. A written plan describes the schedule for completion of key study milestones.

Comment: Freenome recommends adding a study sponsor to support the completion of study milestones in order to meet this requirement. The

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following edit is recommended: "A written plan with the support of a study sponsor describes…"

E. CMS and investigators agree on an evidentiary threshold for the study as needed to demonstrate clinically meaningful differences in key outcome(s) with adequate precision.

Comment: Similar to B. above, Freenome recommends adding a study sponsor to the requirement so that it reads: "CMS and investigators/study sponsor agree…"

G. The study's protocol is publicly posted on the CMS website minimum, the data source(s), key outcome(s), and study design.

Comment: Requiring the study's protocol be publicly posted on the CMS website and clinicaltrials.gov places adds an unnecessary step and an additional burden on sponsors. Freenome recommends adding a link to clinicaltrials.gov on the CMS website and a "flag" that says that the study supports CMS. Sponsors and investigators are accustomed to posting study protocols, data sources, key outcomes, and study design on clinicaltrials.gov. Likewise, the public is accustomed to going to clinicaltrials.gov to find this information. It seems logical to maintain consistency with current practices and expectations by continuing to post this information to clinicaltrials.gov.

O. In the protocol, the investigators describe considerations for analyzing demographic subpopulations as well as clinically-relevant subgroups as motivated by existing evidence.

Comment: Freenome suggests that CMS acknowledge the likely lack of statistical power in such analyses and that the findings from these analyses might be directional, hypothesis-generating and/or exploratory in nature.

Q. The investigators commit to sharing de-identified data, methods, and analytic code with CMS or with a trusted third party. Other sharing is to follow the rules of the funder and the institutional review boards.

Comment: Freenome suggests a specific and well articulated purpose for the sharing of de-identified data, methods, and analytic code due to the time and effort it takes to prepare this data and the sensitive and proprietary nature of the information.

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Thank you for your consideration of these comments. Please feel free to contact me at lance.baldo@freenome.com or +1-650-922-6440.

Sincerely

/s/

Lance Baldo, MD
Chief Medical Officer
Freenome, Inc.

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