COMPENDIA TRANSPARENCY TRACKING FORM

DATE: April 22, 2025

OFF-LABEL ID #: 2741

DRUG NAME: Avelumab

OFF-LABEL USE: Malignant neoplasm of endometrium of corpus uteri Advanced, dMMR tumors

COMPENDIA TRANSPARENCY REQUIREMENTS	
1	Provide criteria used to evaluate/prioritize the request (therapy)
2	Disclose evidentiary materials reviewed or considered
3	Provide names of individuals who have substantively participated in the review or disposition of the request and disclose their potential direct or indirect conflicts of interest
4	Provide meeting minutes and records of votes for disposition of the request (therapy)

EVALUATION/PRIORITIZATION CRITERIA: C, L, S *to meet requirement 1

CODE	EVALUATION/PRIORITIZATION CRITERIA
A	Treatment represents an established standard of care or significant **advance** over current therapies
C	**Cancer** or cancer-related condition
E	Quantity and robustness of **evidence** for use support consideration
L	**Limited** alternative therapies exist for condition of interest
P	**Pediatric** condition
R	**Rare** disease
S	**Serious**, life-threatening condition

Note: a combination of codes may be applied to fully reflect points of consideration [eg, therapy may represent an advance in the treatment of a life-threatening condition with limited treatment alternatives (ASL)]

EVIDENCE CONSIDERED:

*to meet requirements 2 and 4

CITATION	LITERATURE CODE
Pignata, S, Scambia, G, Schettino, C, et al: Carboplatin and paclitaxel plus avelumab compared with carboplatin and paclitaxel in advanced or recurrent endometrial cancer (MITO END-3): a multicentre, open-label, randomised, controlled, phase 2 trial. Lancet Oncol Mar 2023; Vol 24, Issue 3; pp. 286-296. Pubmed ID: 37052965	S
Pignata, S, Califano, D, Lorusso, D, et al: MITO END-3: efficacy of avelumab immunotherapy according to molecular profiling in first-line endometrial cancer therapy. Ann Oncol Jul 2024; Vol 35, Issue 7; pp. 667-676. Pubmed ID: 38704093	2
Konstantinopoulos, PA, Gockley, AA, Xiong, N, et al: Evaluation of treatment with talazoparib and avelumab in patients with recurrent mismatch repair proficient endometrial cancer. JAMA Oncol Sep 01, 2022; Vol 8, Issue 9; pp. 1317-1322. Pubmed ID: 35900726	S
Konstantinopoulos, PA, Luo, W, Liu, JF, et al: Phase II study of avelumab in patients with mismatch repair deficient and mismatch repair proficient recurrent/persistent endometrial cancer. J Clin Oncol Oct 20, 2019; Vol 37, Issue 30; pp. 2786-2794. Pubmed ID: 31461377	2

Literature evaluation codes: S = Literature selected; 1 = Literature rejected = Topic not suitable for scope of content; 2 = Literature rejected = Does not add clinically significant new information; 3 = Literature rejected = Methodology flawed/Methodology limited and unacceptable; 4 = Other (review article, letter, commentary, or editorial)

CONTRIBUTORS:

*to meet requirement 3

PACKET PREPARATION	DISCLOSURES	EXPERT REVIEW	DISCLOSURES
Stacy LaClaire, PharmD	None		
Catherine Sabatos, PharmD	None		
		John D Roberts	None
		Jeffrey Klein	None
		Richard LoCicero	Incyte Corporation Local PI for REVEAL. Study is a multicenter, non-interventional, non-randomized, prospective, observational study in an adult population for patients who have been diagnosed with clinically overt PV and are being followed in either community or academic medical centers in the US who will be enrolled over a 12-month period and observed for 36 months.

ASSIGNMENT OF RATINGS:

*to meet requirement 4

	EFFICACY	STRENGTH OF RECOMMENDATION	COMMENTS	STRENGTH OF EVIDENCE
MERATIVE MICROMEDEX	Evidence Favors Efficacy	Class IIa: Recommended, in Most Cases		B

Warren Brenner	Evidence Favors Efficacy	Class IIa: Recommended, in Most Cases	Both these studies including the randomized phase II study of chemotherapy with or without Avelumab and the single arm study with Avelumab showed benefit in patients with advanced endometrial cancer with deficient MMR(dMMR) - I feel that both studies showed the efficacy of Avelumab but only in patients with deficient MMR - it has no activity in patients with proficient MMR - I gave it a class IIa rating rather than class I as the chemo+- avelumab was a relatively small phase II randomized trial that included a population of proficient and deficient MMR and as the primary endpoint of PFS was not met in the full study it can only be considered hypothesis generating and a larger phase II or phase III randomized trial in the DMMR group only would be required to be definitive. The smaller study also showed benefit only in the dMMR and given its very small size a larger study would be required to be definitive.	
Todd Gersten	Evidence Favors Efficacy	Class IIa: Recommended, in Most Cases	When utilized as monotherapy or in combination with chemotherapy, the available (albeit limited) data reflects enhanced durability of disease control with avelumab in MMR deficient recurrent/metastatic endometrial carcinoma	
Jeffrey Klein	Evidence Favors Efficacy	Class IIb: Recommended, in Some Cases	The use of Avelumab as a single agent or in combination with chemotherapy in advanced endometrial cancer patients, demonstrates some degree of progression free survival. MMR biomarker results are the limiting factor it seems in determining the best response. The degree of serious adverse effects with Avelumab needs to be considered as well.	