merative

Micromedex

COMPENDIA TRANSPARENCY TRACKING FORM

DATE: May 21, 2024

OFF-LABEL ID #: 2716

DRUG NAME: Denosumab

OFF-LABEL USE: Giant cell tumor of bone Neoadjuvant

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, R, L *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
Sun Z, Wu Z, Zhang L, Jia Q, Zhou Z, Xiao J. Association between preoperative denosumab and the risk of local recurrence in patients with giant cell tumor of bone: A meta-analysis and systematic review. J Cancer Res Ther. 2023 Feb;19(1):25-33.	S

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	Ineffective	Class III: Not Recommended		B
Jeffrey Klein	Ineffective	Class III: Not Recommended	The use of Denosumab before curettage can lead to a higher chance of giant cell tumor of the bone to reoccur. Perhaps 6 months after surgery is the better way to introduce Denosumab.	
Todd Gersten	Evidence is Inconclusive	Class IIb: Recommended, in Some Cases	There are pros and cons to Denosumab use: Pros: reduction in bone pain and surgical downstaging leading to potentially less extensive surgery and potential joint preservation. Cons: Apparent higher risk of recurrence if curettage is used after more than six months of Denosumab. A randomized control trial is needed to better define the true risks, benefits, and role of denosumab.	

Warren Brenner	Ineffective	Class III: Not Recommended	Based on this large metaanlysis densoumab appears to substantially increase the risk of recurrence in patients with GCTB who receive this agent particularly if given for more than 6 months. I agree with the authors that the retrospective nature of the studies does limit the applicability of this therapy but given the potential harm based on this study I would say the therapy is ineffective and potentially harmful and therefore assign a class III recommendation and would not recommend outside of a randomized controlled clinical trial	