

**COMPENDIA TRANSPARENCY TRACKING FORM**

**DATE:** August 10, 2022

**OFF-LABEL ID #:** 2418

**DRUG NAME:** Nivolumab

**OFF-LABEL USE:** Malignant tumor of anus; Advanced or metastatic squamous cell disease, previously treated

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, \*to meet requirement 1

CODE	EVALUATION/PRIORITIZATION CRITERIA
A	Treatment represents an established standard of care or significant <b>advance</b> over current therapies
C	<b>Cancer</b> or cancer-related condition
E	Quantity and robustness of <b>evidence</b> for use support consideration
L	<b>Limited</b> alternative therapies exist for condition of interest
P	<b>Pediatric</b> condition
R	<b>Rare</b> disease
S	<b>Serious</b> , 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	STUDY-SPECIFIC COMMENTS	LITERATURE CODE
<p>Stewart, DB, Gaertner, WB, Glasgow, SC, et al: The American Society of Colon and Rectal Surgeons Clinical Practice Guidelines for Anal Squamous Cell Cancers (Revised 2018). Dis Colon Rectum Jul 2018; Vol 61, Issue 7; pp. 755-774.</p>		1
<p>Rao, S, Guren, MG, Khan, K, et al: Anal cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. Ann Oncol Sep 2021; Vol 32, Issue 9; pp. 1087-1100.</p>		S
<p>Moureau-Zabotto, L, Vendrely, V, Abramowitz, L, et al: Anal cancer: French Intergroup Clinical Practice Guidelines for diagnosis, treatment and follow-up (SNFGE, FFCD, GERCOR, UNICANCER, SFCD, SFED, SFRO, SNFCP). Dig Liver Dis Aug 2017; Vol 49, Issue 8; pp. 831-840.</p>		1

<p>Morris, VK, Salem, ME, Nimeiri, H, et al: Nivolumab for previously treated unresectable metastatic anal cancer (NCI9673): a multicentre, single-arm, phase 2 study. Lancet Oncol Apr 2017; Vol 18, Issue 4; pp. 446-453. Pubmed ID: 28223062 Publication Types: Clinical Trial, Phase II; Multicenter Study CC CMSID: CMS3621520 Pubmed ID:28223062</p>	<p>This was a prospective multicenter single-arm phase 2 study that investigated treatment with nivolumab in patients with treatment-refractory metastatic anal cancer. The risk of bias due to unmeasured confounders, selection of participants, classification of intervention, deviation from intervention, missing data, and selective reporting were deemed low risk. The risk of bias associated with measurement of outcome was deemed moderate risk due to lack of central outcome assessment. No other sources of bias were found.</p>	<p>S</p>
<p>Phuong, L and Rajdev, L: Immunotherapy in Anal Cancer. Curr Oncol Rep Jul 11, 2020; Vol 22, Issue 9; p. 94. Pubmed ID: 32651760 Publication Types: Review CC CMSID: CMS3620575 Pubmed ID:32651760</p>		<p>4</p>

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
Megan Smith	None		
Stacy LaClaire, PharmD	None		
Catherine Sabatos, PharmD	None		
		Todd Gersten	None
		Jeffrey Klein	None
		Richard LoCicero	<p>Incyte Corporation</p> <p>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.</p>

**ASSIGNMENT OF RATINGS:**

\*to meet requirement 4

	EFFICACY	STRENGTH OF RECOMMENDATION	COMMENTS	STRENGTH OF EVIDENCE
<b>IBM MICROMEDEX</b>	Evidence Favors Efficacy	Class IIb: Recommended, in Some Cases		B
Jeffrey Klein	Evidence Favors Efficacy	Class IIb: Recommended, in Some Cases	The use of Nivolumab in previously treated advance or metastatic squamous cell disease of the anus shows promising data. The product is generally well tolerated with some degree of anemia adverse effects. This study was small and not double blinded. Future studies are needed to evaluate full effectiveness.	
Richard LoCicero	Evidence Favors Efficacy	Class IIb: Recommended, in Some Cases	A phase II trial has demonstrated the efficacy of nivolumab in the second line treatment of advanced or metastatic anal squamous cell carcinoma. The response rate was 24%. No unexpected toxicity was observed.	
Todd Gersten	Evidence Favors Efficacy	Class IIb: Recommended, in Some Cases	The very limited data suggest the nivolumab is active as a 2nd line option for metastatic anal carcinoma. The absence of randomized data or evidence of a survival benefit prohibits a stronger recommendation.	

