TRUVEN HEALTH ANALYTICS

COMPENDIA TRANSPARENCY TRACKING FORM

DRUG: Gemcitabine Hydrochloride

INDICATION: Ovarian cancer, Advanced, first-line therapy in combination with paclitaxel and carboplatin

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, E, 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)]

TRUVEN HEALTH ANALYTICS

EVIDENCE CONSIDERED:

*to meet requirements 2 and 4

CITATION	STUDY-SPECIFIC COMMENTS	LITERATURE CODE
Bookman MA, et al. Evaluation of new platinum-based treatment regimens in advanced-stage ovarian cancer: a Phase III Trial of the Gynecologic Cancer Intergroup. J Clin Oncol. 2009 Mar 20;27(9):1419-25.	Study methodology comments: This was an open-label, randomized, multicenter, phase III comparative trial with many strengths. Additional strengths of the study included 1) had both inclusion and exclusion criteria; 2) controlled for the effect of many confounding factors on outcomes; 3) defined primary objective; 4) confirmed diagnosis; 5) compared baseline characteristics of groups; 6) conducted a power analysis; 7) presented 95% confidence intervals; and 8) made statistical adjustments to preserve the type I error rate. Weaknesses included 1) open-label design without the use of independent reviewers; 2) partial explanation of method of randomization; and 3) possible selection bias since patients were not recruited in a random or consecutive manner.	S
du,Bois Andreas, et al: Phase III trial of carboplatin plus paclitaxel with or without gemcitabine in first-line treatment of epithelial ovarian cancer. Journal of clinical oncology - official journal of the American Society of Clinical Oncology Sep 20, 2010; Vol 28, Issue 27; pp. 4162-4169	Study methodology comments: This was an open-label, randomized, phase III comparative trial with many strengths. Additional strengths of the study included 1) had both inclusion and exclusion criteria; 2) controlled for the effect of confounding factors on outcomes; 3) defined response; 4) responses were confirmed at 4 weeks; 5) power analysis; 6) explained method of randomization; 7) defined primary and secondary outcomes; 8) had a control group; 9) confirmed diagnosis; 10) presented 95% confidence intervals; 11) made statistical adjustments to preserve the type I error rate; and 12) analyzed the intent-to-treat population. Weaknesses included 1) open-label design without the use of independent reviewers; and 2) possible selection bias since patients were not recruited in a random or consecutive manner.	S
Maenpaa,J.U., et al: Sequential gemcitabine-carboplatin followed by paclitaxel-carboplatin in the first-line treatment of advanced ovarian cancer: A phase II study. Gynecologic Oncology Apr 2006; Vol 101, Issue N1; pp. 114-119.		3

Du,Bois A., et al: A phase II study of paclitaxel, carboplatin, and gemcitabine in previously untreated patients with epithelial ovarian cancer FIGO stage IC-IV (AGO-OVAR protocol OVAR-8). Gynecologic Oncology Feb 2005; Vol 96, Issue 2; pp. 444-451		3
Agarwal,R., et al: First-line therapy for ovarian cancer with carboplatin followed by paclitaxel-gemcitabine (SCOTROC5): a feasibility study and comparative analysis of the SCOTROC series. Eur J Cancer Jul 2010; Vol 46, Issue 11; pp. 2020-2026		3
Harries,M., et al: A phase II feasibility study of carboplatin followed by sequential weekly paclitaxel and gemcitabine as first-line treatment for ovarian cancer. Br J Cancer Aug 16, 2004; Vol 91, Issue 4; pp. 627-632.		3
Friedlander,M., et al: Phase II study of carboplatin followed by sequential gemcitabine and paclitaxel as first-line treatment for advanced ovarian cancer. International Journal of Gynecological Cancer Mar 2007; Vol 17, Issue N2; pp. 350-358.		3
Micha,John P., et al: Experience with single-agent paclitaxel consolidation following primary chemotherapy with carboplatin, paclitaxel, and gemcitabine in advanced ovarian cancer. Gynecologic Oncology Jan 2005; Vol 96, Issue 1; pp. 132-135.		3

Fuso,L., et al: Gemcitabine-carboplatin-paclitaxel combination as first-line therapy in advanced ovarian carcinoma: a single institution phase II study in 24 patients. International Journal of Gynecological Cancer 2006; Vol 16, Issue 1; pp. 60-67.		3
Liu,Fu, et al: Triplet combination of gemcitabine, carboplatin, and paclitaxel in previously treated, relapsed ovarian and peritoneal carcinoma: an experience in Taiwan. Gynecologic Oncology Aug 2004; Vol 94, Issue 2; pp. 393-397		1
Barlow,C., Nystrom,M., Oesterling,C., et al: Dose intense triplet chemotherapy with gemcitabine, carboplatin, paclitaxel with peripheral blood progenitor cell support for six cycles in advanced epithelial ovarian cancer. Br J Cancer Apr 05, 2004; Vol 90, Issue 7; pp. 1318-1322.		3
Hensley,M.L., Correa,D.D., Thaler,H., et al: Phase I/II study of weekly paclitaxel plus carboplatin and gemcitabine as first-line treatment of advanced-stage ovarian cancer: Pathologic complete response and longitudinal assessment of impact on cognitive functioning. Gynecologic Oncology Aug 2006; Vol 102, Issue N2; pp. 270-277.		3

Micha,John P., et al: Pilot study of outpatient paclitaxel, carboplatin and gemcitabine for advanced stage epithelial ovarian, peritoneal, and fallopian tube cancer. Gynecologic Oncology Sep 2004; Vol 94, Issue 3; pp. 719-724.		1
Matulonis,U., Campos,S., Duska,L., et al: A phase II trial of three sequential doublets for the treatment of advanced mullerian malignancies. Gynecologic Oncology Nov 2003; Vol 91, Issue 2; pp. 293-298		1
Look,KY., et al: Phase I feasibility trial of carboplatin, paclitaxel, and gemcitabine in patients with previously untreated epithelial ovarian or primary peritoneal cancer: a Gynecologic Oncology Group study. Gynecologic Oncology Jan 2004; Vol 92, Issue 1; pp. 93-100.		3
Hansen,SW; Geertsen,P; Stroyer, I: Paclitaxel/carboplatin/gemciabine as first-line treatment of ovarian cancer. Seminars in Oncology 2004; Vol 26, Issue 1 SUPPL 2; p. 96.		4

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)

TRUVEN HEALTH ANALYTICS

CONTRIBUTORS:

*to meet requirement 3

PACKET PREPARATION	DISCLOSURES	EXPERT REVIEW	DISCLOSURES
Amy Hemstreet, PharmD	None	Susan Goodin, PharmD	None
Stacy LaClaire, PharmD	None	Jeffrey F. Patton, MD	None
Felicia Gelsey, MS	None	Gerald J. Robbins, MD	None
		Keith A. Thompson, MD	None
		John M. Valgus, PharmD	None

ASSIGNMENT OF RATINGS:

*to meet requirement 4

	EFFICACY	STRENGTH OF RECOMMENDATION	COMMENTS	STRENGTH OF EVIDENCE
MICROMEDEX	---	---		B
Susan Goodin, PharmD	Ineffective	Class III: Not Recommended	No improvement in OS or PFS (actually worse) in randomized phase III study.	N/A
Jeffrey F. Patton, MD	Ineffective	Class III: Not Recommended	None	N/A
Gerald J. Robbins, MD	Ineffective	Class III: Not Recommended	While gemcitabine is effective in ovarian cancer, triple therapy in these 2 clinical trials was ineffective	N/A
Keith A. Thompson, MD	Ineffective	Class III: Not Recommended	None	N/A
John M. Valgus, PharmD	Ineffective	Class III: Not Recommended	Phase III data clearly demonstrates lack of efficacy and possible harm with addition of gemcitabine	N/A