TRUVEN HEALTH ANALYTICS

COMPENDIA TRANSPARENCY TRACKING FORM

DRUG: Bevacizumab

INDICATION: Glioblastoma multiforme of brain, newly diagnosed

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, R, 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
Chinot,O.L., Wick,W., Mason,W., et al: Bevacizumab plus radiotherapy-temozolomide for newly diagnosed glioblastoma. New England journal of medicine 2014; Vol 370, Issue 8; pp. 709-722.	Study methodology comments: This randomized controlled trial was at low risk of bias regarding (1) random sequence generation, (2) concealment of allocation, (3) blinding of participants, personnel, ans assessors of outcomes, (4) incomplete accounting of patients and outcomes events, and (5) selective outcome reporting. No additional biases were identified.	S
Gilbert,M.R., Dignam,J.J., Armstrong,T.S., et al: A randomized trial of bevacizumab for newly diagnosed glioblastoma. New England journal of medicine 2014; Vol 370, Issue 8; pp. 699-708.	Study methodology comments: This randomized controlled trial was at low risk of bias regarding (1) random sequence generation, (2) concealment of allocation, (3) blinding of participants, personnel, ans assessors of outcomes, (4) incomplete accounting of patients and outcomes events, and (5) selective outcome reporting. No additional biases were identified.	S
Arvold,N.D., Wen,P.Y., Reardon,D.A., et al: Disconnect between recurrence-free survival and overall survival for newly diagnosed glioblastoma patients receiving adjuvant bevacizumab. International Journal of Radiation Oncology Biology Physics 2013; Vol 87, Issue 2; p. 1.		3
Bottomley,A., Henrikkson,R., Taphoorn,M.J.B., et al: Health-related quality of life (HRQoL) in AVAglio, a randomized, placebo (P)-controlled phase III study of bevacizumab (B), temozolomide (T) and radiotherapy (RT) in patients (pts) with newly diagnosed glioblastoma (GBM). European Journal of Cancer Sep 2013; Vol 49 SUPPL. 2, p. S780.		3

Henriksson,R., Bottomley,A., Mason,W., et al: Progression-free survival (PFS) and health-related quality of life (HRQoL) in AVAglio, a phase III study of bevacizumab (Bv), temozolomide (T), and radiotherapy (RT) in newly diagnosed glioblastoma (GBM). Journal of Clinical Oncology 2013; Vol 31, Issue 15 SUPPL. 1. Date of Publication; p. 1.		3
Herrlinger,U., Schaefer,N., Steinbach,J.P., et al: Bevacizumab, irinotecan, and radiotherapy versus standard temozolomide and radiotherapy in newly diagnosed, MGMT-nonmethylated glioblastoma patients: First results from the randomized multicenter GLARIUS trial. Journal of Clinical Oncology 2013; Vol 31, Issue 18 SUPPL. 1. Date of Publication; p. 1.		3
Saran,F., Chinot,O.L., Henriksson,R., et al: Safety results from avaglio, a phase III randomized study of bevacizumab (BEV) plus standard combination temozolomide (TMZ) and radiotherapy (RT) in newly diagnosed glioblastoma (GBM). Neuro-Oncology Nov 2013; Vol 15 SUPPL. 3, pp. iii127-iii128.		3
Andrews,A.: Experts debate value of bevacizumab in newly diagnosed glioblastoma. American Health and Drug Benefits Aug 2013; Vol 6, Issue 6 SPL.ISS.. Date of Publication; p. 1.		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)

CONTRIBUTORS:

*to meet requirement 3

PACKET PREPARATION	DISCLOSURES	EXPERT REVIEW	DISCLOSURES
Margi Schiefelbein, PA	None	Edward P. Balaban, DO	None
Stacy LaClaire, PharmD	None	Jeffrey A. Bubis, DO	Other payments: Dendreon
Felicia Gelsey, MS	None	John M. Valgus, PharmD	None
		James E. Liebmann, MD	None
		Jeffrey Patton, MD	None

ASSIGNMENT OF RATINGS:

*to meet requirement 4

	EFFICACY	STRENGTH OF RECOMMENDATION	COMMENTS	STRENGTH OF EVIDENCE
MICROMEDEX	---	---		Insert SOE
Edward P. Balaban, DO	Evidence is Inconclusive	Class IIb: Recommended, In Some Cases	The impact on progression free survival with the addition of bevacizumab warrants the above rating. However, its overall physiologic impact (and this strategy) will merit the strength of the recommendation.	N/A
Jeffrey A. Bubis, DO	Evidence is Inconclusive	Class III: Not Recommended	No improvement in OS. Questionable improvement in PFS. No clear subset that benefits.	N/A
John M. Valgus, PharmD	Ineffective	Class III: Not Recommended	Although there was improvements in PFS, there were no improvements in OS, adr's were increased, and QOL was not improved.	N/A

James E. Liebmann, MD	Ineffective	Class lll: Not Recommended	The Chinot and Gilbert studies are remarkably similar in design and number of patients enrolled. Both show no difference in overall survival when bevacizumab is added to standard temozolomide and cranial radiation in the initial treatment of glioblastoma. Both show similar improvements in progression free survival, but also more side effects, from the addition of bevacizumab to standard therapy. While the bevacizumab treated patients in the Chinot study seemed to have some improvement in quality of life, no such benefit was seen in the Gilbert trial; indeed, the quality of life appeared to be worse in that trial in patients treated with bevacizumab. Overall, it is not possible to recommend a drug that has no impact on survival, causes more side effects, and has questionable effects on quality of life.	N/A
Jeffrey Patton, MD	Evidence is Inconclusive	Class lll: Not Recommended	No improvement in OS – improved PFS, but with significant increase in toxicity.	N/A