TRUVEN HEALTH ANALYTICS

COMPENDIA TRANSPARENCY TRACKING FORM

DRUG: Sorafenib Tosylate

INDICATION: Melanoma, unresectable or metastatic, in combination

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)]

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EVIDENCE CONSIDERED:

*to meet requirements 2 and 4

CITATION	STUDY-SPECIFIC COMMENTS	LITERATURE CODE
Flaherty KT, Lee, SJ, Zhao F, et al. Phase III trial of carboplatin and paclitaxel with or without sorafenib in metastatic melanoma. J Clin Oncol 2013;31(3):373-379.	Study methodology comments: The study was at unclear risk of bias for (1) random sequence generation of randomization, (2) lack of allocation concealment, and (3) lack of blinding as information regarding these criteria was not reported. The study was at low risk of bias for (4) incomplete accounting of patients and outcome events, and (5) selective outcome reporting bias, and no additional biases were identified.	S
McDermott DF, Sosman JA, Gonzalez R, et al. Double-blind randomized phase II study of the combination of sorafenib and dacarbazine in patients with advanced melanoma: a report from the 11715 study group. J Clin Oncol 2008;16(13):2178-2185.	Study methodology comments: Key bias criteria evaluated were (1) random sequence generation of randomization, (2) lack of allocation concealment, (3) lack of blinding, (4) incomplete accounting of patients and outcome events, and (5) selective outcome reporting bias. The study was at low risk of bias for all key outcomes, and no additional biases were identified.	S
Hauschild A, Agarwala SS, Trefzer U, et al. Results of a phase III, randomized, placebo=controlled study of sorafenib in combination with carboplatin and paclitaxel as second-line treatment in patients with unresectable stage III or stage IV melanoma. J Clin Oncol 2009;27(17):2823-2830.	Study methodology comments: Key bias criteria evaluated were (1) random sequence generation of randomization, (2) lack of allocation concealment, (3) lack of blinding, (4) incomplete accounting of patients and outcome events, and (5) selective outcome reporting bias. The study was at low risk of bias for these key criteria, and no additional biases were identified.	S

Margolin KA, Moon J, Flaherty LE, et al. Randomized phase II trial of sorafenib with temsirolimus or tipifarnib in untreated metastatic melanoma (S0438). Clin Cancer Res 2012;18(4):1129-1137		3

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
Margi Schiefelbein, PA	None	Edward P. Balaban, DO	None
Stacy LaClaire, PharmD	None	Thomas McNeil Beck, MD	None
Felicia Gelsey, MS	None	Thomas A. Marsland, MD	None
		James E. Liebmann, MD	None
		Keith A. Thompson, MD	None

ASSIGNMENT OF RATINGS:

*to meet requirement 4

	EFFICACY	STRENGTH OF RECOMMENDATION	COMMENTS	STRENGTH OF EVIDENCE
MICROMEDEX	---	---		B
Edward P. Balaban, DO	Ineffective	Class III - Not Recommended	There still seems to be a possibility that the addition of sorafenib early in the treatment may have role. However, with the current data, it appears to add little.	N/A
Thomas McNeil Beck, MD	Ineffective	Class III - Not Recommended	Added cost/toxicity without significant benefit.	N/A
Thomas A. Marsland, MD	Evidence is inconclusive	Class IIb - Recommended, In Some Cases	Strength evidence A. 2 good randomized studies strong evidence no benefit with carbo/taxol. One phase II study with DTIC showed significant improvement in TTP so might be justifiable in limited cases.	N/A

James E. Liebmann, MD	Evidence is inconclusive	Class III - Not Recommended	Two phase lll trials of sorafenib plus taxol/carboplatin showed no benefit from the addition of sorafenib to the chemotherapy drugs in patients with melanoma. While the randomized phase ll trial of sorafenib and dacarbazine showed improvement in TTP in the sorafenib group, there was no effect on overall survival in that study and no confirmatory phase lll study of sorafenib and dacarbazine is available. Additionally, it must be acknowledged that many other trials of sorafenib in melanoma have shown limited activity of this drug in this disease. There is no reason to use sorafenib in the treatment of melanoma outside of a clinical trial.	N/A
Keith A. Thompson, MD	Ineffective	Class III - Not Recommended	None	N/A