TRUVEN HEALTH ANALYTICS™
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COMPENDIA TRANSPARENCY TRACKING FORM

DATE: 3/10/2017

PACKET: 832

DRUG: Trastuzumab

USE: Metastatic breast cancer HER2 overexpression, hormone receptor positive, postmenopausal women, in combination with anastrozole

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, 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
Bella Kaufman e tal. Trastuzumab Plus Anastrozole Versus Anastrozole Alone for the Treatment of Postmenopausal Women With Human Epidermal Growth Factor Receptor 2–Positive, Hormone Receptor–Positive Metastatic Breast Cancer: Results From the Randomized Phase III TAnDEM Study. J Clin Oncol 27:5529-5537	Comments: This study, TAnDEM, was a randomized, open-label, multicenter, international, phase III study. Overall, this study was at low risk of biases associated with poor random sequence generation, lack of blinding, incomplete accounting of patients and outcome events, and selective outcome reporting. The risk of bias associated with poor allocation concealment was unclear and not discussed in the paper.	S
J. Huober et al. Higher efficacy of letrozole in combination with trastuzumab compared to letrozole monotherapy as first-line treatment in patients with HER2-positive, hormone-receptor-positive metastatic breast cancer e Results of the eLEcTRA trial. The Breast 21 (2012) 27e33.	Comments: This study, the “eLEcTRA” trial, was an open label, randomized, international multicenter phase III study (32 centers in Europe, Africa, and Australia). Initially, enrollment of a total of 370 patients was planned, however, due to slow recruitment the trial was closed prematurely in 2007. A total of 93 patients were enrolled in the study. The study did not meet it's power requirement to detect a 50% improvement in median TTP between arms A and B. Another major caveat of the study was that individual patient data were collected by the investigators and analyzed by contract research staff under supervision of the trial sponsor (Novartis Pharma AG). Overall, this study was at low risk of biases associated with incomplete accounting of patients and outcome events, and selective outcome reporting. The risk of bias associated with poor random sequence generation and allocation concealment was unclear and not discussed in the paper.	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)

CONTRIBUTORS:

*to meet requirement 3

PACKET PREPARATION	DISCLOSURES	EXPERT REVIEW	DISCLOSURES
Felicia Gelsey, MS	None		
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
MICROMEDEX	Evidence Favors Efficacy	Class IIb: Recommended, In Some Cases		B
John D Roberts	Ineffective	Class III: Not Recommended	The combination was associated with no improvement in overall survival; a modest improvement in disease free survival; and significantly more adverse effects, including serious adverse effects, although this finding may have been biased by comparison of different treatment durations.	N/A

Jeffrey Klein	Evidence Favors Efficacy	Class IIb: Recommended, In Some Cases	The use of Trastuzumab with anastrozole demonstrated better overall survival than the use of anastrozole alone. In addition, the combination regimen decreased disease progression quite significantly. These patients were HER2 positive and postmenopausal metastatic breast cancer patients. Serious adverse effects are the main issue with the trastuzumab arm, specifically cardiac and GI events. Perhaps patients who have currently have cardiac issues should avoid the use of trastuzumab.	N/A
Richard LoCicero	Evidence Favors Efficacy	Class IIb: Recommended, In Some Cases	The combination of trastuzumab and anastrozole in patients with breast cancer with HER2 overexpression and hormone receptor positivity improved progression free survival (PFS), but not overall survival. PFS improved by less than 3 months and the additional treatment with trastuzumab was associated with increased toxicity.	N/A