IBM Watson Health

COMPENDIA TRANSPARENCY TRACKING FORM

DATE: August 18, 2020

PACKET: 2037

DRUG: Capecitabine

USE: Triple-negative breast cancer; Early, adjuvant therapy

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)]

EVIDENCE CONSIDERED:

*to meet requirements 2 and 4

CITATION	STUDY-SPECIFIC COMMENTS	LITERATURE CODE
Chen, G, Guo, Z, Liu, M, et al: Clinical Value of Capecitabine-Based Combination Adjuvant Chemotherapy in Early Breast Cancer: A Meta-Analysis of Randomized Controlled Trials. Oncol Res Nov 02, 2017; Vol 25, Issue 9; pp. 1567-1578.		2
Natori, A, Ethier, J-L, Amir, E, et al: Capecitabine in early breast cancer: a meta-analysis of randomised controlled trials. Eur J Cancer May 2017; Vol 77, pp. 40-47.		2
Zhang, Z-C, Xu, Q-N, Lin, S-L, et al: Capecitabine in Combination With Standard (Neo)Adjuvant Regimens in Early Breast Cancer: Survival Outcome From a Meta-Analysis of Randomized Controlled Trials. PLoS One Oct 14, 2016; Vol 11, Issue 10; p. e0164663.		2
Li J, Yu K, Pang D, et al. Adjuvant Capecitabine With Docetaxel and Cyclophosphamide Plus Epirubicin for Triple-Negative Breast Cancer (CBCSG010): An Open-Label, Randomized, Multicenter, Phase III Trial. J Clin Oncol. 2020;38(16):1774-1784.	This was a multicenter, open-label, randomized-controlled phase III clinical trial that assessed adjuvant capecitabine in combination with standard chemotherapy in Chinese patients with early triple-negative breast cancer. The risk of potential bias associated with randomization, allocation concealment, performance, detection, attrition and reporting were deemed low risk. Of note, outcomes were assessed by the initiating investigator, although the primary efficacy outcome was judged to be at low risk for detection bias.	S

Lluch A, Barrios CH, Torrecillas L, et al. Phase III Trial of Adjuvant Capecitabine After Standard Neo-/Adjuvant Chemotherapy in Patients With Early Triple-Negative Breast Cancer (GEICAM/2003-11_CIBOMA/2004-01) [published correction appears in J Clin Oncol. 2020 Mar 10;38(8):847]. J Clin Oncol. 2020;38(3):203-213.	This was a multicenter, open-label, randomized-controlled phase III clinical trial that assessed adjuvant capecitabine versus obvservation after treatment with standard chemotherapy in Ibero-american patients with early triple-negative breast cancer. The risk of potential bias associated with randomization, allocation concealment, performance, detection, and reporting were deemed low risk. Of note, outcomes were not centrally assessed, although the primary efficacy outcome was judged to be at low risk for detection bias.The risk of bias due to attrition was deemed high due to the inequality of drop-outs between comparison groups.	S
Denduluri, N, Chavez-MacGregor, M, Telli, ML, et al: Selection of optimal adjuvant chemotherapy and targeted therapy for early breast cancer: ASCO clinical practice guideline focused update. J Clin Oncol Aug 10, 2018; Vol 36, Issue 23; pp. 2433-2443.		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
Megan Smith	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
IBM MICROMEDEX	Evidence Is Inconclusive	Class III: Not Recommended		B
Jeffrey Klein	Ineffective	Class III: Not Recommended	The use of Capecitabine as adjuvant therapy for triple negative breast cancer patients did not demonstrate a significant increase in survival for this patient subtype. In addition the degree and severity of adverse effects was very evident to warrant discontinuing its use.	
John Roberts	Evidence Is Inconclusive	Class III: Not Recommended	In a single study from China capecitabine showed a modest disease free survival benefit but no overall survival benefit when added to a 3 drug regimen for the adjuvant treatment of triple negative breast cancer. Other studies to which the authors refer also showed no benefit, although all were retrospective subset analyses and underpowered. Toxicity was moderate. As Chinese persons are more tolerant of capecitabine, which suggests a population-based pharmacodynamic difference from typical Western populations, it is conceivable that there also are population-based differences in efficacy.	
Richard LoCicero	Evidence Is Inconclusive	Class IIb: Recommended, in Some Cases	Insufficient and inconclusive clinical trial data supports the use of capecitabine in the adjuvant treatment of triple-negative breast cancer. Disease free progression improvement was observed in one trial in a population of Chinese women. No survival benefit was observed. No unexpected toxicity was observed.	