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COMPENDIA TRANSPARENCY TRACKING FORM

DRUG: Panitumumab

INDICATION: Metastatic colorectal cancer, wild-type KRAS mutation, second-line therapy following fluoropyrimidine-containing chemotherapy, in combination with fluorouracil, leucovorin, and irinotecan (FOLFIRI regimen)

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: **A, 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)]

EVIDENCE CONSIDERED:

*to meet requirements 2 and 4

CITATION	STUDY-SPECIFIC COMMENTS	LITERATURE CODE
Peeters,M., Price,T.J., Cervantes,A., et al: Randomized phase III study of panitumumab with fluorouracil, leucovorin, and irinotecan (FOLFIRI) compared with FOLFIRI alone as second-line treatment in patients with metastatic colorectal cancer. J Clin Oncol Nov 01, 2010; Vol 28, Issue 31; pp. 4706-4713.	Study methodology comments: This was a randomized, single-blind, multicenter, comparative trial with many strengths. There were three major strengths of the study. First, tumor response and KRAS status were assessed by blinded central review. Second, many potential confounding factors were controlled through the study design, statistical analyses, and eligibility criteria. Third, there was a control group of patients who did not receive panitumumab. Additional strengths included: 1) defined primary and secondary outcomes; 2) conducted power analysis; 3) provided 95% confidence intervals; 4) compared baseline characteristics of groups; 5) made statistical adjustments to preserve the type I error rate; 6) defined response; 7) confirmed responses at 4 weeks; 8) confirmed diagnosis; and 9) had inclusion and exclusion criteria. Weaknesses included 1) partial explanation of method of randomization; and 2) possible selection bias since patients were not recruited in a random or consecutive manner.	S
Peeters,M., et al: Randomized phase 3 study of panitumumab with FOLFIRI vs FOLFIRI alone as second-line treatment in patients with metastatic colorectal cancer. Slide presentation. ECCO 15-34th ESMO Multidisciplinary Congress. 2009.	Clinical comments: Final study was published in 2010.	2

Kohne C-H., et al. Interim analysis of epidermal-growth factor receptor expression in a single-arm, phase II, first-line study (20060314) of panitumumab with FOLFIRI in the management of metastatic colorectal cancer. ECCO-ESMO Congress 2009. Poster presentation.	Clinical comments: This study looked at panitumumab with FOLFIRI as first line therapy.	1
Cohn AL, et al. Final results from PRECEPT: efficacy and safety of second-line treatment with panitumumab and FOLFIRI in patients with metastatic colorectal cancer. Poster presentation. ECCO 15-ESMO 34, 2009.	Clinical comments: Did not include as a published large, randomized, phase 3 study was available.	2
Morton,R.F. and Hammond,E.H.: ASCO Provisional Clinical Opinion: KRAS, Cetuximab, and Panitumumab-Clinical Implications in Colorectal Cancer. J Oncol Pract Mar 2009; Vol 5, Issue 2; pp. 71-72.		4
Mitchell EP, et al. Final STEPP results of prophylactic versus reactive skin toxicity (ST) treatment (tx) for panitumumab (pmab)-related ST in patients (pts) with metastatic colorectal cancer (mCRC). Poster presentation ASCO 2009.		1

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
Amy Hemstreet, PharmD	None	Edward P. Balaban, DO	None
Stacy LaClaire, PharmD	None	Thomas McNeil Beck, MD	None
Felicia Gelsey, MS	None	Susan Goodin, PharmD	None
		James E. Liebmann, MD	None
		Michael C. Perry, MD	None

ASSIGNMENT OF RATINGS:

*to meet requirement 4

	EFFICACY	STRENGTH OF RECOMMENDATION	COMMENTS	STRENGTH OF EVIDENCE
MICROMEDEX	---	---	Added “wild type KRAS mutation” because study was powered for this population.	B
Edward P. Balaban, DO	Evidence Favors Efficacy	Class IIb: Recommended, In Some Cases	Recommended as a treatment alternative for pts whose tumors are KRAS wild type	N/A
Thomas McNeil Beck, MD	Evidence is Inconclusive	Class IIb: Recommended, In Some Cases	OS not improved Small improvement in DFS	N/A
Susan Goodin, PharmD	Evidence Favors Efficacy	Class IIa: Recommended, In Most Cases	Class IIa: Recommended, In Most Cases: of KRAS WT-2nd line following fluoropyrimidine therapy. Improved response, PFS, but not OS	N/A

James E. Liebmann, MD	Evidence Favors Efficacy	Class lla: Recommended, In Most Cases	See response to PKT #830: Anti-EGFR antibodies have consistently shown improved PFS and RR when added to standard chemotherapy in the treatment of K-RAS WT CRC. This has been true in first and second-line treatment settings. Failure of randomized trials to show improvement in OS can be plausibly explained by differences in post-study treatment between control and experimental treatment groups.	N/A
Michael C. Perry, MD	Evidence Favors Efficacy	Class lla: Recommended, In Most Cases	None	N/A