TRUVEN HEALTH ANALYTICS
an IBM Company

COMPENDIA TRANSPARENCY TRACKING FORM

DATE: 12/14/2018

PACKET: 1805

DRUG: Irinotecan Hydrochloride

USE: Malignant tumor of pancreas; Locally advanced or metastatic, second-line in combination with a fluoropyrimidine

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, E *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
Zaniboni A et al. FOLFIRI as second-line chemotherapy for advanced pancreatic cancer: a GISCAD multicenter phase II study. Cancer Chemother Pharmacol. 2012 Jun;69(6):1641-5.	Comments: This was a prospective, open-label, multicenter, single-arm study. There was low risk of bias associated with selection of cohorts and assessment of outcomes. Data was gathered prospectively for objective outcomes. All subjects were included in the analyses. The results should be interpreted with caution since the study lacked a control group.	S
Yoo et al. A randomised phase II study of modified FOLFIRI.3 vs modified FOLFOX as second-line therapy in patients with gemcitabine-refractory advanced pancreatic cancer. Br J Cancer. 2009 Nov 17;101(10):1658-63.	Comments: This was an open-label, single-site, randomized phase 2 trial using the two treatment arms of mFOLFIRI.3 and mFOLFOX. Overall, this study was at low risk of biases associated with lack of blinding (for objective outcomes only), 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. For subjective outcomes, there was potentially high risk of bias for performance bias and detection bias due to the open-label design that did not use independent reviewers or assessors.	S
Sohal,D.P.S., et al: Metastatic pancreatic cancer: ASCO Clinical Practice Guideline Update. J Clin Oncol Aug 20, 2018; Vol 36, Issue 24; pp. 2545-2556.		S
Neuzillet et al. FOLFIRI regimen in metastatic pancreatic adenocarcinoma resistant to gemcitabine and platinum-salts. World J Gastroenterol. 2012 Sep 7;18(33):4533-41.		3

Roberto Moretto, et al. FOLFIRI in patients with locally advanced or metastatic pancreatic or biliary tract carcinoma: a monoinstitutional Experience. Anti-Cancer Drugs 2013, 24:980–985		3
Citterio,C., et al: Second-line chemotherapy for the treatment of metastatic pancreatic cancer after first-line gemcitabine-based chemotherapy: a network meta-analysis. Oncotarget Jul 03, 2018; Vol 9, Issue 51; pp. 29801-29809.		3
Sonbol,M.B., Firwana,B., Wang,Z., et al: Second-line treatment in patients with pancreatic ductal adenocarcinoma: a meta-analysis. Cancer Dec 01, 2017; Vol 123, Issue 23; pp. 4680-4686.		3
Petrelli et al. Second line with oxaliplatin- or irinotecan-based chemotherapy for gemcitabine-pretreated pancreatic cancer: A systematic review. European Journal of Cancer 81 (2017) 174e182		3
Nagrial,A.M., et al: Second-line treatment in inoperable pancreatic adenocarcinoma: A systematic review and synthesis of all clinical trials. Critical Reviews in Oncology/Hematology 2015; Vol 96, Issue 3; pp. 483-497.		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	Evidence is Inconclusive	Class III: Not Recommended	Irinotecan plus a fluoropyrimidine as second line treatment for pancreas cancer is associated with low response rates and high toxicity. It may be harmful. A recommendation for use would require demonstration of benefit in a prospective comparison with best supportive care.	N/A

Jeffrey Klein	Evidence Favors Efficacy	Class IIb: Recommended, In Some Cases	The use of irinotecan in combination with other chemotherapeutic agents in second line pancreatic patients showed a modest benefit. The regimen called FOLFIRI was used in relatively small studies in patients who were pretreated with other agents. It is somewhat debatable if the benefits obtained with FOLFIRI were attributed to the first line or FOLFIRI itself. Adverse effects were managebale and comparable to other similar regimens.	N/A
Richard LoCicero	Evidence Favors Efficacy	Class IIb: Recommended, In Some Cases	The combination of irinotecan and a fluoropyrimidine has been shown to have activity in second line treatment of advanced pancreatic cancer. Its activity has been shown to be similar to FOLFOX chemotherapy (an established second line therapy) without unexpected toxicity.	N/A