IBM Watson Health

COMPENDIA TRANSPARENCY TRACKING FORM

DATE: March 22, 2022

PACKET: 2178

DRUG: Ado-Trastuzumab Emtansine

USE: Non-small cell lung cancer; Advanced disease, previously treated, HER2 mutation-positive

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
Daly, ME, Singh, N, Ismaila, N, et al: Management of Stage III Non-Small-Cell Lung Cancer: ASCO Guideline. J Clin Oncol Dec 22, 2021; Vol Epub, p. Epub.		1
Park, K, Vansteenkiste, J, Lee, KH, et al: Pan-Asian adapted ESMO Clinical Practice Guidelines for the management of patients with locally-advanced unresectable non-small-cell lung cancer: a KSMO-ESMO initiative endorsed by CSCO, ISMPO, JSMO, MOS, SSO and TOS. Ann Oncol Feb 2020; Vol 31, Issue 2; pp. 191-201.		1
Pentheroudakis, G and ESMO Guidelines Committee: Recent eUpdate to the ESMO Clinical Practice Guidelines on early and locally advanced non-small-cell lung cancer (NSCLC). Ann Oncol Sep 2020; Vol 31, Issue 9; pp. 1265-1266.		1
Peters, S, Stahel, R, Bubendorf, L, et al: Trastuzumab Emtansine (T-DM1) in Patients with Previously Treated HER2-Overexpressing Metastatic Non-Small Cell Lung Cancer: Efficacy, Safety, and Biomarkers. Clin Cancer Res Jan 01, 2019; Vol 25, Issue 1; pp. 64-72.		1

Iwama E, Zenke Y, Sugawara S, et al. Trastuzumab emtansine for patients with non-small cell lung cancer positive for human epidermal growth factor receptor 2 exon-20 insertion mutations. Eur J Cancer. 2022 Feb;162:99-106.	This was a multicenter prospective single-arm phase 2 clinical trial that investigated ado trastuzumab emtansine in patients with previously treated HER2-mutant non-small cell lung cancer. The risk of bias due to confounding, selection, classification of and deviation from intervention, selective reporting, and missing data were deemed low risk. The risk of bias associated with measurement of outcome was deemed moderate risk due to the primary outcome being investigator-assessed response. A major caveat of the study is the lack of a control group.	S
Li, BT, Shen, R, Buonocore, D, et al: Ado-Trastuzumab Emtansine for Patients With HER2-Mutant Lung Cancers: Results From a Phase II Basket Trial. J Clin Oncol Aug 20, 2018; Vol 36, Issue 24; pp. 2532-2537.	This was a prospective single-arm phase 2 clinical trial that investigated ado trastuzumab emtansine in patients with HER2-mutant lung adenocarcinomas. The risk of bias due to confounding, selection, classification of and deviation from intervention, selective reporting, and missing data were deemed low risk. The risk of bias associated with measurement of outcome was deemed moderate risk due to the primary outcome being investigator-assessed response. A major caveat of the study is the lack of a control group.	S
Hotta, K, Aoe, K, Kozuki, T, et al: A Phase II Study of Trastuzumab Emtansine in HER2-Positive Non-Small Cell Lung Cancer. J Thorac Oncol Feb 2018; Vol 13, Issue 2; pp. 273-279.		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
Megan Smith	None		
Stacy LaClaire, PharmD	None		
Catherine Sabatos, PharmD	None		
		John Roberts	None
		Todd Gersten	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 Favors Efficacy	Class IIa: Recommended, in Most Cases		B
Todd Gersten	Evidence Favors Efficacy	Class IIa: Recommended, in Most Cases	HER2 mutated lung CA is a rare entity. The limited data demonstrates activity for Ado-Trastuzumab Emtansine beyond that expected of other regimens in the previously treated space. The rating and strength thereof are limited only because of the limited data.	
Richard LoCicero	Evidence Favors Efficacy	Class IIb: Recommended, in Some Cases	Ado-Trastuzumab Emantasine has been evaluated in 2 small (18 and 22 patients) phase II trials in patent with HER-2 mutated non-small cell lung cancer. Partial response rates ranged from 38-44%; median progression -free survival ranged from 2.8 to 5 months. Unexpected toxicity was not observed.	
John Roberts	Evidence Favors Efficacy	Class I: Recommended	In 2 small, single-arm phase 2 trials in largely previously treated HER2 exon 20 insertion mutation positive non-small cell lung cancer, ado-trastuzumab emtamsine showed response rates of ~ 40% with median response duration of ~ 4 months. Treatment was relatively well tolerated. It is a treatment option for this tumor.	