IBM Watson Health

COMPENDIA TRANSPARENCY TRACKING FORM

DATE: 4/5/2021

PACKET: 2084

DRUG: Ado-Trastuzumab Emtansine

USE: Malignant tumor of breast; Advanced or metastatic, HER2-positive, first-line 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, 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
Giordano SH, Temin S, Chandarlapaty S, et al. Systemic Therapy for Patients With Advanced Human Epidermal Growth Factor Receptor 2-Positive Breast Cancer: ASCO Clinical Practice Guideline Update. J Clin Oncol. 2018 Sep 10;36(26):2736-2740.		4
Perez,E.A., Barrios,C., Eiermann,W., et al: Trastuzumab emtansine with or without pertuzumab versus trastuzumab plus taxane for human epidermal growth factor receptor 2-positive, advanced breast cancer: primary results from the phase III MARIANNE study. J Clin Oncol Jan 10, 2017; Vol 35, Issue 2; pp. 141-148.	This was an open-label, triple-arm randomized trial that compared trastuzumab emtansine with or without pertuzumab to trastuzumab and taxane combination therapy for first-line treatment of HER2+ advanced breast cancer. The risk of potential bias associated with randomization, allocation concealment, attrition, and reporting were deemed low. Due to the open-label nature of the study, performance bias was deemed high risk. However this was somewhat mitigated by authors employing independent review; therefore detection bias was deemed low risk.	S
Perez, EA, Barrios, C, Eirmann, W, et al: Trastuzumab emtansine with or without pertuzumab versus trastuzumab with taxane for human epidermal growth factor receptor 2-positive advanced breast cancer: final results from MARIANNE. Cancer Nov 15, 2019; Vol 125, Issue 22; pp. 3974-3984.	See above comments.	S

Hurvitz,S.A., Dirix,L., Kocsis,J., et al: Phase II randomized study of trastuzumab emtansine versus trastuzumab plus docetaxel in patients with human epidermal growth factor receptor 2-positive metastatic breast cancer. Journal of Clinical Oncology Mar 20, 2013; Vol 31, Issue 9; pp. 1157-1163.		2

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	Effective	Class IIa: Recommended, in Most Cases		B
Jeffrey Klein	Evidence Favors Efficacy	Class IIa: Recommended, in Most Cases	The use of Ado-Trastuzumab as first line treatment in HER2 positive breast cancer patients showed a similar degree of efficacy to traditional treatments in a small clinical trial. The Ado-Trastuzumab group demonstrated less severe adverse effects than the comparison group.	
John Roberts	Effective	Class IIb: Recommended, in Some Cases	In a prospective randomized trial in advanced or metastatic, HER2-positive breast cancer, ado-trastuzumab emtansine alone or with pertuzumab was as effective a standard trastuzumab and taxane regimen. Treatment with ado-trastuzumab, without or with pertuzumab, preserved patient-reported quality of life as captured by a standard instrument for a longer period of time. Ado-trastuzumab is an acceptable alternative to a standard trastuzumab and taxane regimen.	
Richard LoCicero	Effective	Class I: Recommended	Ado-Trastuzumab Emtansine has been shown to be non-inferior to taxane/trastuzumab as a first line treatment of metastatic breast cancer. Unexpected toxicity was not observed.	