COMPENDIA TRANSPARENCY TRACKING FORM

DATE: June 2, 2022

OFF-LABEL ID #: 2188

DRUG NAME: Temsirolimus

OFF-LABEL USE: Malignant neoplasm of endometrium of corpus uteri; Advanced or recurrent

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, *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
Concin, N, Matias-Guiu, X, Vergote, I, et al: ESGO/ESTRO/ESP guidelines for the management of patients with endometrial carcinoma. Int J Gynecol Cancer Jan 2021; Vol 31, Issue 1; pp. 12-39.		S
Aghajanian, C, Filiaci, V, Dizon, DS, et al: A phase II study of frontline paclitaxel/ carboplatin/ bevacizumab, paclitaxel/ carboplatin/ temsirolimus, or ixabepilone/ carboplatin/ bevacizumab in advanced/recurrent endometrial cancer. Gynecol Oncol Aug 2018; Vol 150, Issue 2; pp. 274-281.		2
Fleming,G.F., Filiaci,V.L., Marzullo,B., et al: Temsirolimus with or without megestrol acetate and tamoxifen for endometrial cancer: a gynecologic oncology group study. Gynecol Oncol Mar 2014; Vol 132, Issue 3; pp. 585-592.		3
Alvarez, EA, Brady, WE, Walker, JL, et al: Phase II trial of combination bevacizumab and temsirolimus in the treatment of recurrent or persistent endometrial carcinoma: a Gynecologic Oncology Group study. Gynecol Oncol Apr 2013; Vol 129, Issue 1; pp. 22-27.		1

Emons, G, Kurzeder, C, Schmalfeldt, B, et al: Temsirolimus in women with platinum-refractory/resistant ovarian cancer or advanced/recurrent endometrial carcinoma. A phase II study of the AGO-study group (AGO-GYN8). Gynecol Oncol Mar 2016; Vol 140, Issue 3; pp. 450-456.	This was a prospective two-cohort phase 2 clinical trial that investigated temsirolimus in patients with ovarian or endometrial cancer. The risk of bias due to confounding, selection, classification of and deviation from intervention, attrition, and selective reporting were deemed low risk. The risk of bias associated with measurement of outcome was deemed moderate risk due to the primary outcome being assessed by investigators. A major caveat of the study is the lack of a control group.	S
Oza,A.M., Elit,L., Tsao,M.S., et al: Phase II study of temsirolimus in women with recurrent or metastatic endometrial cancer: a trial of the NCIC Clinical Trials Group. Journal of Clinical Oncology Aug 20, 2011; Vol 29, Issue 24; pp. 3278-3285.	This was a prospective two-cohort phase 2 clinical trial that investigated temsirolimus in endometrial cancer patients who were either previously treated or treatment-naive. The risk of bias due to confounding, selection, classification of and deviation from intervention, attrition, measurement of outcome, and selective reporting were all deemed low risk. A major caveat of the study is the lack of a control group.	S
Concin N, . ESGO/ESTRO/ESP guidelines for the management of patients with endometrial carcinoma. Radiother Oncol. 2021 Jan;154:327-353. PMID: 33712263.		S

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		
		Todd Gersten	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	Ineffective	Class III: Not Recommended		B
Todd Gersten	Ineffective	Class III: Not Recommended	As a single agent, treatment with temsirolimus has very minor activity in patients with advanced or recurrent endometrial cancer.	
Jeffrey Klein	Ineffective	Class III: Not Recommended	The use of Temsirolimus in malignant neoplasm of the the endometrium did not demonstrate any substantial efficacy with regard to overall survival. The product was well tolerated with minimal adverse events.	
Richard LoCicero	Evidence Favors Efficacy	Class III: Not Recommended	Temsirolimus was associated with tumor response in 10-14% in two phase II trials. Unexpected toxicity was not observed. The studies were limited by small size and phase II design.	