

**COMPENDIA TRANSPARENCY TRACKING FORM**

**DRUG:** Bevacizumab

**INDICATION:** Cancer of cervix, recurrent, persistent, or metastatic

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, E, S**

\*to meet requirement 1

CODE	EVALUATION/PRIORITIZATION CRITERIA
<b>A</b>	Treatment represents an established standard of care or significant <b>advance</b> over current therapies
<b>C</b>	<b>Cancer</b> or cancer-related condition
<b>E</b>	Quantity and robustness of <b>evidence</b> for use support consideration
<b>L</b>	<b>Limited</b> alternative therapies exist for condition of interest
<b>P</b>	<b>Pediatric</b> condition
<b>R</b>	<b>Rare</b> disease
<b>S</b>	<b>Serious</b> , 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
Tewari,K.S., Sill,M.W., Long,H.J.,III, et al: Improved survival with bevacizumab in advanced cervical cancer. N Engl J Med Feb 20, 2014; Vol 370, Issue 8; pp. 734-743.	This was a randomized comparative trial. Overall, this study was at low risk of biases associated with lack of blinding, incomplete accounting of patients and outcome events, and selective outcome reporting. The risk of bias associated with random sequence generation and allocation concealment was unclear and not discussed in the paper.	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
Margi Schiefelbein, PA	None	Edward P. Balaban, DO	None
Stacy LaClaire, PharmD	None	James E. Liebmann, MD	None
Felicia Gelsey, MS	None	Jeffrey Patton, MD	None
		Jeffrey A. Bubis, DO	Other payments: Dendreon
		Keith A. Thompson, MD	None

**ASSIGNMENT OF RATINGS:**

\*to meet requirement 4

	EFFICACY	STRENGTH OF RECOMMENDATION	COMMENTS	STRENGTH OF EVIDENCE
<b>MICROMEDEX</b>	---	---		B
Edward P. Balaban, DO	Evidence Favors Efficacy	Class IIb: Recommended, In Some Cases	In spite of what seems to be a fair randomized trial, I would want to see this done again (data reproduced). Its unclear what sort of treatment some of the patients had received prior – and how that could impact their results – looks promising, though.	N/A

James E. Liebmann, MD	Evidence Favors Efficacy	Class IIa: Recommended, In Most Cases	It is difficult to recommend the introduction of a new treatment based on a single study. However, the study by Tewari et al is a well designed trial that did meet the primary endpoint of overall survival. While adverse events occurred at somewhat higher frequency in the bevacizumab treated arms, there was no difference in quality of life between patients treated with bevacizumab and those not given the drug. Accordingly, adding bevacizumab to chemotherapy in patients with recurrent, persistent, or metastatic cervical cancer is reasonable, based on the results of this trial.	N/A
Jeffrey Patton, MD	Effective	Class IIa: Recommended, In Most Cases	None	N/A
Jeffrey A. Bubis, DO	Effective	Class I: Recommended	Avastin improved all parameters – OS/PFS/RR.	N/A
Keith A. Thompson, MD	Evidence Favors Efficacy	Class IIb: Recommended, in Some Cases	None	N/A