TRUVEN HEALTH ANALYTICS

COMPENDIA TRANSPARENCY TRACKING FORM

DRUG: Axitinib

INDICATION: Metastatic renal cell carcinoma, 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, 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)]

TRUVEN HEALTH ANALYTICS

EVIDENCE CONSIDERED:

*to meet requirements 2 and 4

CITATION	STUDY-SPECIFIC COMMENTS	LITERATURE CODE
Hutson,T.E., Lesovoy,V., Al-Shukri,S., et al: Axitinib versus sorafenib as first-line therapy in patients with metastatic renal-cell carcinoma: a randomised open-label phase 3 trial. Lancet Oncol Dec 2013; Vol 14, Issue 13; pp. 1287-1294.	Study methodology comments: This was a randomized, single-blind trial Key bias criteria evaluated were (1) random sequence generation of randomization; (2) lack of allocation concealment, (3) lack of blinding, (4) incomplete accounting of patients and outcome events, and (5) selective outcome reporting bias. The study was at low risk of bias for these key criteria, and no additional biases were identified. The primary endpoint was assessed by blinded radiologists in an independent review.	S
Rini,B.I., Melichar,B., Ueda,T., et al: Axitinib with or without dose titration for first-line metastatic renal-cell carcinoma: a randomised double-blind phase 2 trial. Lancet Oncol Nov 2013; Vol 14, Issue 12; pp. 1233-1242.	Study methodology comments: This was a randomized, double-blind trial Key bias criteria evaluated were (1) random sequence generation of randomization; (2) lack of allocation concealment, (3) lack of blinding, (4) incomplete accounting of patients and outcome events, and (5) selective outcome reporting bias. The study was at low risk of bias for these key criteria, and no additional biases were identified.	S
Rini,B.I., Grunwald,V., Fishman,M.N., et al: Axitinib for first-line metastatic renal cell carcinoma (mRCC): Overall efficacy and pharmacokinetic (PK) analyses from a randomized phase II study. Journal of Clinical Oncology 2012; Vol 30, Issue 15 SUPPL. 1.		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)

TRUVEN HEALTH ANALYTICS

CONTRIBUTORS:

*to meet requirement 3

PACKET PREPARATION	DISCLOSURES	EXPERT REVIEW	DISCLOSURES
Margi Schiefelbein, PA	None	Edward P. Balaban, DO	None
Stacy LaClaire, PharmD	None	Thomas McNeil Beck, MD	None
Felicia Gelsey, MS	None	James E. Liebmann, 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
MICROMEDEX	---			B
Edward P. Balaban, DO	Evidence favors efficacy	Class IIb - Recommended, In Some Cases	Looks interesting in regards to response rate and safety practice. However, tested as a front-line treatment to only Sorafenib which is questionable as to whether the correct front-line agent was chosen (to make a comparison). Nevertheless, it is interesting.	N/A
Thomas McNeil Beck, MD	Evidence is inconclusive	Class III - Not Recommended	Small studies – little evident benefit. Significant toxicity.	N/A

James E. Liebmann, MD	Evidence is inconclusive	Class III - Not Recommended	The papers that accompany this review are curious. The Rini et al study is a trial of axitinib vs…..axitinib! The only conclusion that can be derived from it is that the FDA approved dose of 5mg bid (also the dose used in the Hutson et al study) may not be the best dose for "selected patients." The Rini trial adds little to tell us how axitinib compares to other approved first-line treatments of metastatic renal cell cancer. The Hutson trial failed to meet its primary endpoint of showing an improvement in PFS with axitinib vs. sorafenib. There was a higher rate of serious adverse events in the axitinib arm. Finally, in the United States, most patients with metastatic renal cell carcinoma are probably treated initially with sunitinib or pazopinib, not sorafenib. Sorafenib was chosen as the comparator in the Hutson study "because it was available…." Neither study shows that axitinib is equivalent to current first-line therapy.	N/A
Jeffrey A. Bubis, DO	Effective	Class I - Recommended	There is an embarrassment of riches for this indication, but this agent is essentially non-inferior and should carry the same level of recommendation as the others.	N/A
Keith A. Thompson, MD	Evidence favors efficacy	Class IIb - Recommended, In Some Cases	None	N/A