TRUVEN HEALTH ANALYTICS™

COMPENDIA TRANSPARENCY TRACKING FORM

DATE: March 28, 2016

PACKET: 1288

DRUG: Cabozantinib malate

USE: Renal cell cancer, Advanced, after failure of prior antiangiogenic 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: A, 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)]

EVIDENCE CONSIDERED:

*to meet requirements 2 and 4

CITATION	STUDY-SPECIFIC COMMENTS	LITERATURE CODE
Choueiri,T.K., Escudier,B., Powles,T., et al: Cabozantinib versus everolimus in advanced renal-cell carcinoma. New England journal of medicine 2015; Vol 373, Issue 19; pp. 1814-1823.	Comments: This was a randomized, open-label, phase 3 trial that compared cabozantinib with everolimus in patients with advanced renal-cell carcinoma that had progressed after VEGFR tyrosine kinase inhibitor therapy. 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
Powles,T., Staehler,M., Ljungberg,B., et al: Updated EAU Guidelines for Clear Cell Renal Cancer Patients Who Fail VEGF Targeted Therapy. Eur Urol Jan 01, 2016; Vol 69, Issue 1; pp. 4-6.		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
Felicia Gelsey, MS	None		
Stacy LaClaire, PharmD	None		
Catherine Sabatos, PharmD	None		
		Jeffrey Klein	None
		John D Roberts	None
		Richard LoCicero	Incyte Corporation Local PI for REVEAL. Study is a multicenter, non-interventional, nonrandomized, 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
MICROMEDEX	Evidence Favors Efficacy	Class IIa: Recommended, In Most Cases		B
Jeffrey Klein	Evidence Favors Efficacy	Class IIa: Recommended, In Most Cases	The trial of Cabozantinib vs Everolimus in pts who have failed first line therapy with a VEGF inhibitor showed a more favorable response with cabozantinib on 3 different levels. Significant progression free survival, lower progression of disease or death, and an objective tumor response rate all favor cabozantinib. However an area of concern: A dose reduction of 60% of these trial pts was warranted due to adverse effects from cabozantinib. Did (will?) this dose reduction reduce the effectiveness of the product? What was the dose reduced too? If still effective at a reduced dose should pts just start at that decreased dose initially?	N/A
Richard LoCicero	Evidence Favors Efficacy	Class IIa: Recommended, In Most Cases	Cabozantinib has superior PFS data compared to everolimus. Improvement in OS has not been established.	N/A
John D Roberts	Effective	Class I: Recommended	Cabozantinib showed better progression free survival than everlimus and had acceptable toxicities in fit patients (Karnofsky Score 70 or greater) with advanced renal cell carcinoma who had had prior antiangiogenic therapy. For many patients there are also other therapeutic options.	N/A