IBM Watson Health

COMPENDIA TRANSPARENCY TRACKING FORM

DATE: 8/14/2019

PACKET: 1914

DRUG: Olaparib

USE: Metastatic prostate cancer; Castration-resistant, previously treated with chemotherapy

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, L, 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
Clarke,N., Wiechno,P., Alekseev,B., et al: Olaparib combined with abiraterone in patients with metastatic castration-resistant prostate cancer: a randomised, double-blind, placebo-controlled, phase 2 trial. Lancet Oncol Jul 2018; Vol 19, Issue 7; pp. 975-986.	This was a multi-centre double-blind, placebo-controlled, randomized Phase 2 trial that assessed olaparib in male patients with metastatic castration-resistant prostate cancer. The risk of potential bias associated with randomization, allocation concealment, performance, detection, attrition, and reporting were all deemed low. No other sources of bias were found.	S
Mateo,J., Carreira,S., Sandhu,S., et al: DNA-repair defects and olaparib in metastatic prostate cancer. N.Engl.J Med. Oct 29, 2015; Vol 373, Issue 18; pp. 1697-1708.	This was a multi-centre, open-label, Phase 2 trial that assessed olaparib in male patients with metastatic castration-resistant prostate cancer. Primary outcome was retrospectively assessed by central blinded review. All evaluable subjects were included in primary analysis, and median follow-up time was 14.4 months (range, 1.4 to 21.9). The risk of potential bias associated with selection of cohort, exposure, assessment of outcome, and follow up were all deemed low. No other sources of bias were found.	S
Kaufman,B., Shapira-Frommer,R., Schmutzler,R.K., et al: Olaparib monotherapy in patients with advanced cancer and a germline BRCA1/2 mutation. J Clin Oncol. Jan 20, 2015; Vol 33, Issue 3; pp. 244-250.		1
Zhu,J., Tucker,M., Wang,E., et al: Acute Myeloid Leukemia After Olaparib Treatment in Metastatic Castration-Resistant Prostate Cancer. Clin Genitourin.Cancer Dec 2017; Vol 15, Issue 6; pp. e1137-e1141.		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)

CONTRIBUTORS:

*to meet requirement 3

PACKET PREPARATION	DISCLOSURES	EXPERT REVIEW	DISCLOSURES
Megan Smith	None		
Stacy LaClaire, PharmD	None		
Margi Schiefelbein, PA	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	Evidence is Inconclusive	Class III: Not Recommended		B
Richard LoCicero	Evidence is Inconclusive	Class III: Not Recommended	Two phase II trials evaluated the sue of olaparib in the treatment of metastatic prostate cancer. While progression free survival and responses were observed, the benefit may be limited to subsets with tumor mutations affecting recombinant repair function. Available clinical trial data is insufficient to support the use of olaparib in this setting.	
Jeffrey Klein	Evidence Favors Efficacy	Class IIb: Recommended, in Some Cases	The use of Olaparib as combination therapy in metastatic prostate cancer patients appears to have some degree of efficacy. The studies were small and patients had to have a specific biomarker present to benefit from the therapy. A good percentage of patients exhibited serious adverse effects requiring decreasing the dose or discontinuing therapy.	

John Roberts	Evidence is Inconclusive	Class III: Not Recommended	Two small studies suggest that olaparib may have activity in castration-resistant metastatic prostate cancer that has been previously treated with other chemotherapy and that this activity likely is more pronounced and possibly limited to cancers with DNA repair defects. Olaparibl also is associated with mild to moderate toxicity. Results to date, however, do not convincingly demonstrate significant clinical benefit in terms of overall survival or progression free survival. At this time there is no justification for clinical use.	