



COMPENDIA TRANSPARENCY TRACKING FORM

DATE: July 14, 2021

PACKET: 2116

DRUG: Gemcitabine Hydrochloride

USE: Non-small cell lung cancer; Stage IIIB/IV, continuation maintenance therapy as a single agent following first-line induction therapy with cisplatin and gemcitabine

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, E, 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
Planchard, D, Popat, S, Kerr, K, et al: Metastatic non-small cell lung cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. Ann Oncol Oct 01, 2018; Vol 29, Issue Suppl 4; pp. iv192-iv237.		S
Perol, M, Chouaid, C, Perol, D, et al: Randomized, phase III study of gemcitabine or erlotinib maintenance therapy versus observation, with predefined second-line treatment, after cisplatin-gemcitabine induction chemotherapy in advanced non-small-cell lung cancer. J Clin Oncol Oct 01, 2012; Vol 30, Issue 28; pp. 3516-3524.	This was an open-label, randomized-controlled trial that assessed gemcitabine maintenance therapy in patients with advanced NSCLC. The risk of potential bias associated with randomization, allocation concealment, detection, and attrition were deemed low. The risk of potential bias associated with performance was deemed high due to the open-label design. The risk of potential bias associated with reporting was deemed high due to the use of PFS as the primary outcome measure.	S
Quoix, E, Audigier-Valette, C, Lavole, A, et al: Switch maintenance chemotherapy versus observation after carboplatin and weekly paclitaxel doublet chemotherapy in elderly patients with advanced non-small cell lung cancer: IFCT-1201 MODEL trial. Eur J Cancer Oct 2020; Vol 138, pp. 193-201.		3



<p>Brodowicz, T, Krzakowski, M, Zwitter, M, et al: Cisplatin and gemcitabine first-line chemotherapy followed by maintenance gemcitabine or best supportive care in advanced non-small cell lung cancer: a phase III trial. Lung Cancer May 2006; Vol 52, Issue 2; pp. 155-163.</p>	<p>This was an open-label, randomized-controlled trial that assessed gemcitabine maintenance therapy in patients with advanced NSCLC. The risk of potential bias associated with randomization and attrition were deemed low. The risk of potential bias that could result from not rigorously implementing random sequence generation and allocation concealment was unclear due to the lack of information on these methods. The risk of potential bias associated with detection was deemed high because the study employed an open-label design without the use of independent central review. The risk of potential bias associated with reporting was deemed high due to the use of PFS as the primary outcome measure.</p>	<p>S</p>
<p>Takayama, K, Takeshita, M, Inoue, K, et al: Randomized Phase II Study of First-Line Biweekly Gemcitabine and Carboplatin Versus Biweekly Gemcitabine and Carboplatin plus Maintenance Gemcitabine in Elderly Patients with Untreated Non-Small Cell Lung Cancer: LOGIK0801. Oncologist Aug 2020; Vol 25, Issue 8; pp. e1146-e1157.</p>		<p>3</p>
<p>Minami,S., Kijima,T., Shiroyama,T., et al: Randomized Phase II trial of paclitaxel and carboplatin followed by gemcitabine switch-maintenance therapy versus gemcitabine and carboplatin followed by gemcitabine continuation-maintenance therapy in previously untreated advanced non-small cell lung cancer. BMC research notes 2013; Vol 6, p. 3.</p>		<p>3</p>



<p>Ikeda, S, Yoshioka, H, Kaneda, T, et al: A Phase II Study of Cisplatin Plus Gemcitabine followed by Maintenance Gemcitabine for Advanced Squamous Non-Small-Cell Lung Cancer: Kyoto Thoracic Oncology Research Group 1302. <i>Oncology</i> 2019; Vol 97, Issue 6; pp. 327-333.</p>		3
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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		
		John Roberts	None
		Todd Gersten	None
		Richard LoCicero	<p>Incyte Corporation</p> <p>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.</p>



ASSIGNMENT OF RATINGS:

*to meet requirement 4

	EFFICACY	STRENGTH OF RECOMMENDATION	COMMENTS	STRENGTH OF EVIDENCE
IBM MICROMEDEX	Evidence Favors Efficacy	Class IIb: Recommended, in Some Cases		B
Todd Gersten	Evidence Favors Efficacy	Class IIb: Recommended, in Some Cases	The data reveal a PFS benefit and a trend towards overall survival benefit. The latter trend is most pronounced in patients with the highest performance status suggesting maintenance gemcitabine be restricted to such patients.	
Richard LoCicero	Evidence Favors Efficacy	Class IIb: Recommended, in Some Cases	Two randomized clinical trials have demonstrated that continuation maintenance therapy with gemcitabine after induction therapy with cisplatin and gemcitabine improves progression free survival in patients with stage IIIB/IV non-small cell lung cancer. Overall survival was not improved. Unexpected toxicities were not observed.	
John Roberts	Evidence is Inconclusive	Class IIb: Recommended, in Some Cases	In 2 randomized trials gemcitabine continuation maintenance therapy following first line induction therapy with cisplatin and gemcitabine in non-small cell lung cancer led to an increase in disease free survival of less than 2 months and no increase in overall survival. Only relative good performance status patients were enrolled (PS 0-1, Karnosky 80 or above). Both studies were open label and progression of disease was based upon local image interpretation. The benefit is modest and may be an overestimate due to the study design. It is an option for similar good performance status patients.	