TRUVEN HEALTH ANALYTICS
an IBM Company

COMPENDIA TRANSPARENCY TRACKING FORM

DATE: 9/6/2018

PACKET: 1691

DRUG: Panitumumab

USE: Squamous cell carcinoma of head and neck

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, 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)]

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EVIDENCE CONSIDERED:

*to meet requirements 2 and 4

CITATION	STUDY-SPECIFIC COMMENTS	LITERATURE CODE
Vermorken,J.B., Stohlmacher-Williams,J., Davidenko,I., et al: Cisplatin and fluorouracil with or without panitumumab in patients with recurrent or metastatic squamous-cell carcinoma of the head and neck (SPECTRUM): An open-label phase 3 randomised trial. Lancet Oncol Jul 2013; Vol 14, Issue 8; pp. 697-710.	Comments: This was an open-label, phase 3, randomized trial that was conducted at 126 sites in 26 countries (SPECTRUM trial). Overall, this study was at low risk of biases associated with poor random sequence generation and allocation concealment, lack of blinding (for objective outcomes only), incomplete accounting of patients and outcome events, and selective outcome reporting. For subjective outcomes, there was potentially high risk of bias for performance bias and detection bias due to the open-label design that did not use independent reviewers or assessors.	S
Waddell,T., Chau,I., Cunningham,D., et al: Epirubicin, oxaliplatin, and capecitabine with or without panitumumab for patients with previously untreated advanced oesophagogastric cancer (REAL3): a randomised, open-label phase 3 trial. Lancet Oncol May 2013; Vol 14, Issue 6; pp. 481-489	Comments: This was an open-label, phase 3, randomized trial that included 63 sites in the UK (REAL3 trial). The trial ended early. At annual review of the data in October, 2011, the IDMC noted a statistically inferior overall survival outcome in the mEOC+P group based on the occurrence of 169 events (HR 1·53, p=0·0062). As a result of the interim analysis, the investigators decided to close the trial to further recruitment with immediate effect, withdraw panitumumab, and cross all patients over to full-dose EOC. The efficacy analyses included the intention-to-treat population, defined as all eligible randomised participants. Overall, this study was at low risk of biases associated with poor random sequence generation and allocation concealment, lack of blinding (for objective outcomes only), incomplete accounting of patients and outcome events, and selective outcome reporting. For subjective outcomes, there was potentially high risk of bias for performance bias and detection bias due to the open-label design that did not use independent reviewers or assessors.	1

Mesia,R., Henke,M., Fortin,A., et al: Chemoradiotherapy with or without panitumumab in patients with unresected, locally advanced squamous-cell carcinoma of the head and neck (CONCERT-1): A randomised, controlled, open-label phase 2 trial. Lancet Oncol Feb 01, 2015; Vol 16, Issue 2; pp. 208-220.	Comments: This was an international, open-label, phase 2, randomized trial that was conducted at 41 sites in 9 countries (CONCERT-1 trial). Overall, this study was at low risk of biases associated with poor random sequence generation and allocation concealment, lack of blinding (for objective outcomes only), incomplete accounting of patients and outcome events, and selective outcome reporting. For subjective outcomes, there was potentially high risk of bias for performance bias and detection bias due to the open-label design that did not use independent reviewers or assessors. According to the authors, they did not plan any formal hypothesis testing; as a result, all p values are descriptive only.	S
Giralt,J., Trigo,J., Nuyts,S., et al: Panitumumab plus radiotherapy versus chemoradiotherapy in patients with unresected, locally advanced squamous-cell carcinoma of the head and neck (CONCERT-2): A randomised, controlled, open-label phase 2 trial. Lancet Oncol Feb 01, 2015; Vol 16, Issue 2; pp. 221-232.	Comments: This was an international, open-label, phase 2, randomized trial that was conducted in 8 countries (CONCERT-2 trial). Overall, this study was at low risk of biases associated with poor random sequence generation and allocation concealment, lack of blinding (for objective outcomes only), incomplete accounting of patients and outcome events, and selective outcome reporting. For subjective outcomes, there was potentially high risk of bias for performance bias and detection bias due to the open-label design that did not use independent reviewers or assessors. According to the authors, they did not plan any formal hypothesis testing; as a result, all p values are descriptive only.	S
Wirth,L.J., Dakhil,S., Kornek,G., et al: PARTNER: An open-label, randomized, phase 2 study of docetaxel/cisplatin chemotherapy with or without panitumumab as first-line treatment for recurrent or metastatic squamous cell carcinoma of the head and neck. Oral Oncol Oct 01, 2016; Vol 61, pp. 31-40.	Comments: This multicenter, randomized, open-label, phase 2 estimation study (PARTNER). PARTNER was an estimation study, thus no formal hypothesis was tested. Overall, this study was at low risk of biases associated with lack of blinding (for objective outcomes only), incomplete accounting of patients and outcome events, and selective outcome reporting. The risk of bias associated with poor random sequence generation and allocation concealment was unclear and not discussed in the paper. For subjective outcomes, there was potentially high risk of bias for performance bias and detection bias due to the open-label design that did not use independent reviewers or assessors.	S

Tebbutt,N.C., Price,T.J., Ferraro,D.A., et al: Panitumumab added to docetaxel, cisplatin and fluoropyrimidine in oesophagogastric cancer: ATTAX3 phase II trial. Br J Cancer Mar 01, 2016; Vol 114, Issue 5; pp. 505-509.		1
Rischin,D., Spigel,D.R., Adkins,D., et al: PRISM: Phase 2 trial with panitumumab monotherapy as second-line treatment in patients with recurrent or metastatic squamous cell carcinoma of the head and neck. Head and Neck 2016; Vol 38 Supplement 1, pp. E1756-E1761.		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
Felicia Gelsey, MS	None		
Stacy LaClaire, PharmD	None		
Catherine Sabatos, PharmD	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
MICROMEDEX	Ineffective	Class III: Not Recommended		A
John D Roberts	Ineffective	Class III: Not Recommended	Several randomized trials of panitumumab with chemotherapy, chemoradiation therapy, or radiation therapy alone establish no role for panitumumab in the treatment of squamous cell carcinoma of the head and neck. In one study a retrospective analysis suggested possible benefit in p16 negative tumors. This finding might be the basis for subsequent, definitive study.	N/A
Jeffrey Klein	Ineffective	Class III: Not Recommended	The use of Panitumumab to treat squamous cell head and neck cancer did not show a significant amount of effectiveness to warrant its use. Adverse effects were higher with the Panitumunab group or when it was used as monotherapy. The only patients that exhibited a small degree of progression free survival had a specific biomarker (P16 negative).	N/A
Richard LoCicero	Ineffective	Class III: Not Recommended	Clinical trial data does not support the use of panitumumab in the treatment of head and neck cancer. While one phase II and one phase III study has demonstrated an improvement in progression free survival, no overall survival benefit was observed. Furthermore, toxicity was increased with the use of panitumumab. Two additional phase II trials demonstrated worse clinical outcomes including increased toxicity and worse disease control.	N/A