TRUVEN HEALTH ANALYTICS

COMPENDIA TRANSPARENCY TRACKING FORM

DRUG: Sunitinib malate

INDICATION: Metastatic breast cancer, HER2-negative

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)]

TRUVEN HEALTH ANALYTICS

EVIDENCE CONSIDERED:

*to meet requirements 2 and 4

CITATION	STUDY-SPECIFIC COMMENTS	LITERATURE CODE
Barrios,C.H., Liu,M.C., Lee,S.C., et al: Phase III randomized trial of sunitinib versus capecitabine in patients with previously treated HER2-negative advanced breast cancer. Breast Cancer Res Treat Mar 26, 2010	Study methodology comments: This was an open-label, randomized comparative trial that was stopped early. An interim analysis took place in March 2009 when 224 PFS events had occurred; based on the available PFS data, the HR for PFS was determined to be 1.49 in favor of capecitabine. With the predefined stopping boundary having been crossed, the DMC recommended that study enrollment be discontinued. Overall, this study had a crucial limitation for one criterion sufficient to lower ones confidence in the estimate effect. There was potentially high bias for lack of blinding since this was an open-label trial that did not use independent reviewers or assessors. There was low risk of bias for allocation concealment, incomplete accounting of patients and outcome events, and selective outcome reporting. Random sequence generation was not discussed.	S
Crown et al. Phase III Trial of Sunitinib in Combination With Capecitabine Versus Capecitabine Monotherapy for the Treatment of Patients With Pretreated Metastatic Breast Cancer. J Clin Oncol 31:2870-2878. 2013	Study methodology comments: This was an open-label, randomized comparative trial. Overall, this study was at low risk for most of the key risk of bias criteria which included allocation concealment, lack of blinding, incomplete accounting of patients and outcome events, and selective outcome reporting. The risk of bias associated with random sequence generation was unclear and not discussed in the paper.	S
Bergh J, et al. First-Line Treatment of Advanced Breast Cancer With Sunitinib in Combination With Docetaxel Versus Docetaxel Alone: Results of a Prospective, Randomized Phase III Study. The Breast 21 (2012) 507e513	Study methodology comments: This was a phase III randomized-controlled trial. 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
Robert NJ, et al. Sunitinib Plus Paclitaxel Versus Bevacizumab Plus Paclitaxel for First-Line Treatment of Patients With Advanced Breast Cancer: A Phase III, Randomized, Open-Label Trial. Clinical Breast Cancer, Vol. 11, No. 2, 82-92 2011	Study methodology comments: This was an open-label, phase III randomized-controlled trial. The trial was terminated early because of futility in reaching the primary endpoint as determined by the independent data monitoring committee during an interim futility analysis. There was potentially high bias from lack of blinding since this was an open-label trial and did not use independent assessors to examine tumor response and progression-free survival. This study was at low risk of biases associated with 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

Wildiers,H., Fontaine,C., Vuylsteke,P., et al: Multicenter phase II randomized trial evaluating antiangiogenic therapy with sunitinib as consolidation after objective response to taxane chemotherapy in women with HER2-negative metastatic breast cancer. Breast Cancer Research and Treatment 2010; Vol 123, Issue 2; pp. 463-469		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
Margi Schiefelbein, PA	None	Edward P. Balaban, DO	None
Stacy LaClaire, PharmD	None	James E. Liebmann, MD	None
Felicia Gelsey, MS	None	Jeffrey A. Bubis, DO	Other payments: Dendreon
		Keith A. Thompson, MD	None
		Thomas McNeil Beck, MD	None

ASSIGNMENT OF RATINGS:

*to meet requirement 4

	EFFICACY	STRENGTH OF RECOMMENDATION	COMMENTS	STRENGTH OF EVIDENCE
MICROMEDEX	---	---	Insert comments regarding global indication and ratings	A
Edward P. Balaban, DO	Ineffective	Class III - Not Recommended	Repeated studies have demonstrated ineffectiveness.	N/A

James E. Liebmann, MD	Ineffective	Class III - Not Recommended	None of the three randomized trials presented for this review show any benefit from sunitinib in the treatment of metastatic breast cancer. The small phase II study only provides evidence for the feasibility of combining sunitinib with a taxane, but the Robert, et al, trial showed no advantage of combining sunitinib with paclitaxel, compared with bevacizumab and paclitaxel. Considering that bevacizumab has a checkered history in breast cancer treatment, and that the Robert trial showed a worse outcome in the sunitinib arm, it is impossible to justify the use of sunitinib in the treatment of metastatic breast cancer.	N/A
Jeffrey A. Bubis, DO	Ineffective	Class III - Not Recommended	The use of Sutent in patients with breast cancer (HER2-negative) resulted in increased toxicity without a clinical benefit.	N/A
Keith A. Thompson, MD	Ineffective	Class III - Not Recommended	None	N/A
Thomas McNeil Beck, MD	Ineffective	Class III - Not Recommended	No demonstrable efficacy. Increased toxicity.	N/A