TRUVEN HEALTH ANALYTICS

COMPENDIA TRANSPARENCY TRACKING FORM

DRUG: Oxaliplatin

INDICATION: Pancreatic cancer, advanced or metastatic, second-line therapy in combination with 5-fluorouracil and leucovorin

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, 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)]

TRUVEN HEALTH ANALYTICS

EVIDENCE CONSIDERED:

*to meet requirements 2 and 4

CITATION	STUDY-SPECIFIC COMMENTS	LITERATURE CODE
Yoo,C., et al: A randomised phase II study of modified FOLFIRI.3 vs modified FOLFOX as second-line therapy in patients with gemcitabine-refractory advanced pancreatic cancer. Br J Cancer Nov 17, 2009; Vol 101, Issue 10; pp. 1658-1663	Study methodology comments: This was a randomized, open-label, comparative trial. Strengths of the study included 1) confirmed diagnosis; 2) presented both inclusion and exclusion criteria; 3) examined the effect of potential confounding factors on outcomes; 4) defined primary endpoint; 5) defined tumor response; 6) conducted a power analysis; 7) analyzed the intent-to-treat population; and 8) presented 95% confidence intervals. Weaknesses were 1) possible selection bias since patients were not recruited in a random or consecutive manner; 2) open-label design without the use of independent reviewers; and 3) did not discuss the method of randomization.	S
Pelzer,U., et al: Best supportive care (BSC) versus oxaliplatin, folinic acid and 5-fluorouracil (OFF) plus BSC in patients for second-line advanced pancreatic cancer: A phase III-study from the German CONKO-study group. European Journal of Cancer Jul 2011; Vol 47, Issue 11; pp. 1676-1681.	Study methodology comments: This was a randomized, open-label, multicenter, comparative trial that compared BSC + OFF with BSC alone. Strengths of the study included 1) confirmed diagnosis; 2) had both inclusion and exclusion criteria; 3) stratified by potential confounding variables; 4) had a control group; 5) conducted a power analysis; 6) analyzed the intent-to-treat population; and 7) defined primary and secondary outcomes. A major caveat of the study was that it did not meet its power requirements due to low accrual. The study required 165 patients and 46 were enrolled. Additional weaknesses were 1) possible selection bias since patients were not recruited in a random or consecutive manner; 2) small sample size; and 3) did not discuss the method of randomization.	S
Gebbia,V., et al: Second-line chemotherapy in advanced pancreatic Carcinoma: a multicenter survey of the gruppo oncologico italia meridionale on the activity and safety of the FOLFOX4 regimen in clinical practice. Annals of Oncology 2007; Vol 18, pp. 124-127.	Study methodology comments: This was a retrospective survey that should be interpreted with caution. A major weakness of the study was the absence of a control group which would have controlled for the effect of potential confounding factors on the outcomes. Additional weaknesses included 1) open-label design without the use of independent reviewers; 2) possible selection bias since the patients were not recruited randomly or in a consecutive manner; 3) absence of a power analysis; 4) did not present 95% confidence intervals; and 5) did not examine the effect of potential confounding factors on outcomes. Strengths were 1) had inclusion criteria; and 2) defined response.	2

Novarino,A., et al: Oxaliplatin, 5-Fluorouracil, and Leucovorin as Second-Line Treatment for Advanced Pancreatic Cancer. American Journal of Clinical Oncology-Cancer Clinical Trials Feb 2009; Vol 32, Issue 1; pp. 44-48.		3
Mitry,E., et al: Oxaliplatin combined with 5-FU in second line treatment of advanced pancreatic adenocarcinoma. Results of a phase II trial. Gastroenterol Clin Biol Mar 2006; Vol 30, Issue 3; pp. 357-363.		3
Boeck,S., et al: Capecitabine plus oxaliplatin (CapOx) versus capecitabine plus gemcitabine (CapGem) versus gemcitabine plus oxaliplatin (mGemOx): final results of a multicenter randomized phase II trial in advanced pancreatic cancer. Annals of Oncology Feb 2008; Vol 19, Issue 2; pp. 340-347.		1
Xiong,H.Q., et al: A phase II trial of oxaliplatin plus capecitabine (xelox) as second line therapy for patients with advanced pancreatic cancer. Journal of Clinical Oncology Jun 20, 2006; Vol 24, Issue 18; pp. 207S-207S.	Abstract	3

Brus,C. and Saif,M.W.: Second line therapy for advanced pancreatic adenocarcinoma: where are we and where are we going? Highlights from the "2010 ASCO Annual Meeting". Chicago, IL, USA. June 4-8, 2010. JOP 2010; Vol 11, Issue 4; pp. 321-323.		4
Gounaris,I., Zaki,K., and Corrie,P.: Options for the treatment of gemcitabine-resistant advanced pancreatic cancer. JOP 2010; Vol 11, Issue 2; pp. 113-123.		4
Makrilia,N., Syrigos,K.N., and Saif,M.W.: Updates on treatment of gemcitabine-refractory pancreatic adenocarcinoma. Journal of the Pancreas Jul 2011; Vol 12, Issue 4; pp. 351-354		4

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	Keith A. Thompson, MD	None
Stacy LaClaire, PharmD	None	Thomas McNeil Beck, MD	None
Felicia Gelsey, MS	None	Edward P. Balaban, DO	None
		John M. Valgus, PharmD	None
		James E. Liebmann, M	None

ASSIGNMENT OF RATINGS:

*to meet requirement 4

	EFFICACY	STRENGTH OF RECOMMENDATION	COMMENTS	STRENGTH OF EVIDENCE
MICROMEDEX	---	---		B
Keith A. Thompson, MD	Evidence favors efficacy	Class IIb - Recommended, In Some Cases	None	N/A
Thomas McNeil Beck, MD	Evidence is inconclusive	Class III - Not Recommended	Small trials - low enrollment – significant toxicity – minimal benefit	N/A
Edward P. Balaban, DO	Evidence is inconclusive	Class IIb - Recommended, In Some Cases	Small numbers and lack of studies prevent much interpretation. However, what is available suggests that any clinical effectiveness is accompanied by a large 'physiologic' cost.	N/A
John M. Valgus, PharmD	Evidence favors efficacy	Class IIa - Recommended, In Most Cases	Both trials demonstrate significant activity of oxaliplatin based chemotherapy in 2nd line treatment of advanced pancreatic cancer. Data from CONKO study suggest possible survival benefit vs BSC however, difficult to interpret this data due to premature D/C.	N/A

James E. Liebmann, M	Evidence favors efficacy	Class IIb - Recommended, In Some Cases	Both cited studies provide evidence of activity of 5-FU/Oxaliplatin regimens as second line therapy of pancreatic cancer. Both studies are limited by small numbers of patients, fairly rigorous entry criteria, and a relatively young patient population. With those caveats, oxaliplatin given with 5-FU is a reasonable option for a fit patient with recurrent pancreas cancer after gemcitabine treatment.	N/A