

COMPENDIA TRANSPARENCY TRACKING FORM

DRUG: Toremifene citrate

INDICATION: Prophylaxis of vertebral fracture, Secondary to androgen deprivation therapy in patients with prostate cancer

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

*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
Smith MR, et al. Toremifene to reduce fracture risk in men receiving androgen deprivation therapy for prostate cancer. J Urol. 2010 Oct;184(4):1316-21. Epub 2010 Aug 17.	<u>Study methodology comments:</u> This was a randomized, double-blind, placebo controlled phase III study with many strengths. Additional strengths of the study included 1) had both inclusion and exclusion criteria; 2) defined primary and secondary endpoints; 3) defined outcomes; 4) conducted a power analysis; 5) presented 95% confidence intervals; 6) controlled for the potential confounding effect of country; and 7) compared baseline characteristics of groups. Weaknesses were 1) possible selection bias since subjects were not recruited in a random or consecutive manner; and 2) partial explanation of method of randomization.	S
Lin, Daniel W., et al: Positive fracture reduction trial of toremifene 80 mg in men on adt demonstrates significant fracture risk in untreated placebo group. Journal of urology Apr 2009; Vol 181, Issue 4, Suppl. S; p. 229.	<u>Study methodology comments:</u> Abstract	3
Shahinian VB. Prostate cancer: Reducing fracture risk in men on androgen deprivation therapy. Nat Rev Urol. 2011 Jan;8(1):9-10. Epub 2010 Dec 7.		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	James E. Liebmann, MD	None
Stacy LaClaire, PharmD	None	Edward P. Balaban, DO	None
Felicia Gelsey, MS	None	Thomas McNeil Beck, MD	None
		Keith A. Thompson, MD	None
		Jeffrey A. Bubis, DO	None

ASSIGNMENT OF RATINGS:

*to meet requirement 4

	EFFICACY	STRENGTH OF RECOMMENDATION	COMMENTS	STRENGTH OF EVIDENCE
MICROMEDEX	---	---		B
James E. Liebmann, MD	Evidence Favors Efficacy	Class IIb: Recommended, In Some Cases	While the current randomized trial has two major flaws (loss of 371 patients in efficacy analysis, inappropriate control arm) It is believable that Toremifene lowers the risk of bone loss and fracture. However, bisphosphonates and Denosumab are available for this purpose. Toremifene should only be considered in this setting if there is a contraindication to the use of a bisphosphonate or Denosumab.	N/A
Edward P. Balaban, DO	Evidence Favors Efficacy	Class IIb: Recommended, In Some Cases	Would be Class IIa, but would have to see more clinical data.	N/A
Thomas McNeil Beck, MD	Evidence Favors Efficacy	Class IIb: Recommended, In Some Cases	Confirmation needed for broad recommendation.	N/A
Keith A. Thompson, MD	Evidence Favors Efficacy	Class IIb: Recommended, In Some Cases	None	N/A

Jeffrey A. Bubis, DO	Evidence Favors Efficacy	Class IIb: Recommended, In Some Cases	Potential toxicity: benefit ratio in favor of treatment for pts with risk of DVT (that might be higher than general prostate ca population). Potential study imbalance precludes Class I Effective recommendation/ratings.	N/A
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