

## **Record of Recommendation**

### **Re: Funding Lapatinib and Capecitabine for HER2/neu Positive Metastatic Breast Cancer**

**April 27, 2010**

Discussion facilitated using the Decision Making Framework.

- All present will vote electronically when the vote is called by the Chair. The voting process will be completed by 5 pm on May 10, 2010. The decision will be made by a majority with dissenting voters given the opportunity to record their opinion. Dissenting opinions must be recorded within seven days of the result of the vote being announced.
- Core values and principles were reviewed and discussed along with competing obligations, constraints and relevant information.
- Options for a recommendation to the Deputy Minister were reviewed and each option was discussed. Two options were identified at this time:
  - 1) Approval of funding with restrictions
  - 2) Denial of funding
- An analysis of the projected benefits and burdens of each option was discussed.

#### **Background:**

- ✓ Breast cancer is the number one cancer diagnosis in women and the second leading cause of death due to metastatic disease.
- ✓ Human epidermal growth factor receptor 2 (HER 2) is a prognostic marker in breast cancer. It is a predictive marker associated with specific clinical outcomes.
- ✓ Lapatinib (Tykerb<sup>®</sup>) is an oral therapy which targets HER 2 positive cancer cells.
- ✓ Trastuzumab (Herceptin<sup>®</sup>) is an infusional therapy which also targets HER 2 positive cancer cells. It is currently available to patients, funded through district health authorities, as both maintenance therapy and post-progression.
- ✓ Lapatinib (plus capecitabine) is being considered for funding as an alternative to continuation of trastuzumab in patients who have progressed on trastuzumab therapy.

#### Projected Benefits:

- ✓ Lapatinib plus capecitabine (n=163) versus capecitabine alone (n=161) was studied in a randomized, open-label, Phase III study in women with progressive, HER-2 positive locally advanced or metastatic breast cancer who had previously been exposed to anthracycline, taxane and trastuzumab. None had prior capecitabine.
- ✓ An interim analysis showed an increase in time to progression (TTP) from 4.4 months with capecitabine alone to 8.4 months with lapatinib/capecitabine and an increase in progression free survival of 8.4 months versus 4.1 months. Trial accrual was stopped and treatment with lapatinib offered to women who were receiving capecitabine alone.
- ✓ An updated efficacy analysis demonstrated an increase in median time to progression of 6.2 months versus 4.3 months. The effect on overall survival was not significant, possibly because of the crossover allowed to patients in the placebo group.
- ✓ Funding of lapatinib/capecitabine would offer an additional option for patients who have progressed on trastuzumab, as an alternative to continuation of trastuzumab therapy.

#### Projected Burdens:

- ✓ The most common side effects are diarrhea, hand foot syndrome, nausea, fatigue, vomiting and rash. The addition of lapatinib did not have an adverse effect on quality of life parameters.
- ✓ Estimated cost per life year gained and cost per quality adjusted life year is estimated to be \$107,438 and \$149,044 respectively.
- ✓ The estimated cost per patient is \$19,740 for 24 weeks of therapy.
- ✓ Drug costs associated with lapatinib therapy are similar to the costs associated with continuation of trastuzumab therapy, which is currently funded.

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#### Result of Vote:

The vote was conducted electronically. The question the Committee was asked to vote on is:

“Should the Committee support a recommendation to the Deputy Minister of Health to fund lapatinib/capecitabine in combination as a treatment option for patients with HER-2 positive advanced or metastatic breast cancer with trastuzumab refractory disease (previously treated with trastuzumab alone or trastuzumab with chemotherapy such as a taxane and/or vinorelbine), who have an ECOG performance status of 0 to 2 and choose to receive systemic therapy. Single agent lapatinib is currently not recommended. Patients with previous exposure to capecitabine are not considered eligible”

- **The result of the vote was a majority in favor of recommending funding.**

**The Deputy Minister of Health has accepted this recommendation and approved funding for lapatinib in the Nova Scotia Pharmacare Programs.**