HAUTE AUTORITÉ DE SANTÉ

ONCOLOGY
New indication
January 2018

TRANSPARENCY COMMITTEE OPINION SUMMARY

OPDIVO (nivolumab), anti-PD1 antibody

High clinical benefit and minor clinical added value over docetaxel, cetuximab or methotrexate monotherapy in the treatment of advanced stage squamous cell carcinoma of the upper aerodigestive tract, progressing either during or after platinum salt-based chemotherapy.

Main points

- OPDIVO has been granted marketing authorisation for the treatment of adults in monotherapy for advanced upper aerodigestive tract cancer, progressing during or after platinum salt-based chemotherapy.
- Its superiority over docetaxel, cetuximab or methotrexate monotherapy has been established.
- It is a second-line treatment, after failure of previous platinum salt-based treatment.

Pre-existing indications*

OPDIVO has also been granted marketing authorisation for the treatment of melanoma, non-small cell lung cancer and kidney cancer (see MA for further details).

Therapeutic strategy

- Management of patients with recurrent or metastatic squamous cell carcinoma of the aerodigestive tract (cancer of the head and neck) is based primarily on the patient's general and functional condition, their co-morbidities, along with the stage and site of the primary tumour and of any metastases. When recurrence is located, surgery is recommended for operable tumours, or radiotherapy for inoperable tumours, or should the patient refuse surgery (e.g. desire to preserve the larynx).
- Prognosis is poor for patients whose disease progresses within 6 months of platinum-based therapy, either for locally-advanced or metastatic disease. The choice of treatment is based on multiple factors, including type of previous chemotherapy, performance status and co-morbidities. Paclitaxel, docetaxel, 5-FU, methotrexate or cetuximab monotherapy is recommended.
- **Role of the proprietary medicinal product in the therapeutic strategy**
  OPDIVO is a new second-line therapeutic option for patients with upper aerodigestive tract cancer, progressing during or after platinum salt-based chemotherapy.

Clinical data

- A randomised phase II open-label study compared nivolumab to a treatment chosen by the investigator (docetaxel, cetuximab or methotrexate monotherapy) in 361 adult patients with recurrent upper aerodigestive tract squamous cell carcinoma, or in progression during or within 6 months of completion of platinum salt-based chemotherapy.
- During an intermediate analysis, that was considered as the primary analysis for this study, the median overall survival (primary endpoint) was 7.5 months in the nivolumab group and 5.1 months in the comparator group, i.e. an absolute gain of 2.4 months (HR = 0.70, IC97.73 [0.51; 0.96]; p=0.0101).

* This summary does not cover these indications.

- No differences were observed between the two groups in terms of progression-free survival (secondary endpoint).
- The frequency of treatment discontinuations due to adverse events (AEs) was similar in both treatment groups (23.3% *versus* 22.5%).
- Grade 3 and 4 AEs were reported in 47.9% of patients in the nivolumab group and 62.2% of patients in the investigator-selected treatment group. In the nivolumab group, the most frequently reported grade 3-4 AEs were: anaemia (6.4%), dyspnoea (5.5%), hyponatraemia (4.7%) and pneumonia (4.7%).

Special prescription requirements

- Medicinal product for hospital use only.
- Prescription reserved for oncology or haematology specialists or physicians with expertise in oncology or blood disorders.

Benefit of the medicinal product

- The actual clinical benefit* of OPDIVO is high in the treatment of adults in monotherapy for advanced upper aerodigestive tract cancer, progressing during or after platinum salt-based chemotherapy.
- OPDIVO provides minor clinical added value** (CAV IV) compared to docetaxel, cetuximab or methotrexate monotherapy.
- Approved for hospital treatment.

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This document was drafted on the basis of the Transparency Committee opinion dated 31 January 2018 (CT-16242) available at **www.has-sante.fr**

* The actual clinical benefit of a medicinal product (ACB) is its benefit particularly on the basis of its clinical performances and the severity of the disease treated. The HAS Transparency Committee assesses the ACB, which may be high, moderate, low, or insufficient for the medicinal product to be covered by public funding.

** The clinical added value (CAV) consists of the clinical improvement offered by a medicinal product compared to existing treatments. The HAS Transparency Committee assesses the CAV rating from I, major, to IV, minor. A CAV rating of V (equivalent to "no CAV") denotes a "lack of clinical improvement"