HAUTE AUTORITÉ DE SANTÉ

TRANSPARENCY COMMITTEE
SUMMARY
06 OCTOBER 2021

The legally binding text is the original French opinion version

dostarlimab
JEMPERLI 500 mg concentrate for solution for infusion

First assessment

Key points

Unfavourable opinion for reimbursement in the treatment of adult patients with mismatch repair deficient (dMMR)/microsatellite instability-high (MSI-H) recurrent or advanced endometrial cancer (EC) that has progressed on or following prior treatment with a platinum-containing regimen.

Role in the care pathway?

The management of recurrent or advanced endometrial cancer is based on European (ESMO) and French guidelines.

Depending on the extent, location, histology and the patient's general condition, surgery, radiotherapy, chemotherapy or endocrine therapy may be envisaged as treatment options.

In early stages of the disease (FIGO stages I and II), management is based on surgery and adapted depending on the severity of the disease and lymph node involvement, with:

- For low-risk cancers: surgery alone.
- For intermediate-risk cancers: surgery combined with brachytherapy, radiotherapy.
- For high-risk cancers: surgery combined with brachytherapy, chemotherapy and external radiotherapy.

At the advanced stage of the disease (FIGO stage III), combination of platinum-based chemotherapy and radiotherapy is recommended.

At the metastatic stage of the disease (FIGO stage IV), the standard first-line treatment is carboplatin-based chemotherapy and paclitaxel every 21 days for 6 cycles. Dual cisplatin and doxorubicin chemotherapy or triple cisplatin, doxorubicin and paclitaxel chemotherapy are options, but present haematological toxicity.

There is limited data concerning the use of second-line chemotherapy in patients with recurrent endometrial cancer following the failure of platinum-based chemotherapy. Numerous therapeutic options are cited in the guidelines, without ranking by priority.

Role of JEMPERLI (dostarlimab) in the care pathway:

Considering:

- **the very preliminary nature of the available efficacy data**, based primarily on the results of a phase 1 non-comparative study (GARNET) not meeting the Committee's minimum requirements to provide formal evidence of the clinical benefit of JEMPERLI (dostarlimab),

- **the absence of robust comparative data enabling assessment of the contribution of JEMPERLI (dostarlimab) in the treatment of mismatch repair deficient (dMMR)/microsatellite instability-high (MSI-H) recurrent or advanced endometrial cancer (EC) that has progressed on or following prior treatment with a platinum-containing regimen compared to the available alternatives, in particular chemotherapy, despite the fact that a comparative study was possible,**

- **the toxicity marked by an incidence of serious adverse events (AEs) reported in a third of patients (34%) and of grade ≥ 3 adverse events in almost one in two patients (48.1%).**

The Transparency Committee considers that, on the basis of currently available data, JEMPERLI (dostarlimab) has no role in the care pathway.

It considers that in a context in which no robust comparative data is available to guarantee the solidity of the conclusion with respect to the effect of treatment with JEMPERLI (dostarlimab), the introduction of this medicinal product into the care pathway is accompanied by a higher risk than for medicinal products for which the efficacy is based on a comparison conducted with control of the risk of wrongly concluding that the treatment is effective (two-tailed alpha risk conventionally accepted to be 5%).

COMMITTEE'S CONCLUSIONS

Considering all of this information and further to debate and voting, the Committee considers:

Clinical benefit

◗ Endometrial cancer is a serious, life-threatening disease.

◗ The proprietary medicinal product JEMPERLI (dostarlimab) is a curative medicinal product.

◗ Considering the preliminary data available derived from a cohort of 108 patients in a phase 1, non-comparative study, which does not enable the clinical benefit of JEMPERLI (dostarlimab) to be determined given the uncertainties related to the following in particular (see Section 07.4 Summary and Discussion):
- absence of comparative data, even though there were clinically relevant comparators available,
- the significant toxicity (serious adverse events (AEs) reported in a third of patients (34%) and of grade ≥ 3 adverse events in almost one in two patients (48.1%)) with time-limited follow-up of patients,

its efficacy/adverse effects ratio versus these comparators cannot be determined.

◗ There are therapeutic alternatives (see section 5 Clinically relevant comparators).

◗ JEMPERLI (dostarlimab) has no role in the care pathway (see section 08 Role in the care pathway).

Public health impact

Considering:
- the seriousness of the disease and its prevalence,
- the partially met medical need,
- the lack of response to the identified need, in the absence of an additional demonstrated impact on morbidity and mortality or quality of life, given the absence of robust comparative data versus clinically relevant comparators, even though this would have been possible,
- the absence of data enabling assessment of the impact on quality of life or the organisation of care,

JEMPERLI (dostarlimab) is unlikely to have an additional impact on public health.

Considering all these elements, the Committee deems that the clinical benefit of JEMPERLI (dostarlimab) is insufficient to justify public funding cover in the MA indication in view of the available alternatives.

The Committee issues an unfavourable opinion for inclusion in the hospital formulary list of reimbursed proprietary medicinal products approved for use in the MA indication and at the MA dosages.