HAUTE AUTORITÉ DE SANTÉ

TRANSPARENCY COMMITTEE
SUMMARY
06 APRIL 2022

The legally binding text is the original French opinion version

Sacituzumab govitecan
TRODELVY 200 mg powder for concentrate for solution for infusion

First assessment

Key points

Favourable opinion for reimbursement as monotherapy for the treatment of adult patients with unresectable or metastatic triple-negative breast cancer (TNBC) who have received two or more prior systemic therapies, at least one of them given for an advanced form of the disease.

What therapeutic improvement?

Therapeutic improvement in the management of the disease

Role in the care pathway?

In the event of relapse at an advanced stage or in patients initially diagnosed at the advanced stage, the treatment of metastatic breast cancer will depend, first of all, on the presence/absence of BRCA1/2 mutation.

In the event of triple-negative breast cancer with BRCA1/2 mutation, PARP (poly-ADP ribose polymerase) inhibitors are recommended as first-line treatment or for later-line treatments if they have not previously been used (olaparib and talazoparib). These are the only targeted therapies currently available for triple-negative breast cancer. In this same population of patients with BRCA1/2 mutation, platinum-based chemotherapies as monotherapy may also be alternative options. In the second and later-line treatment of patients having already received a PARP inhibitor, the treatments that can be used are the same as for non-mutated BRCA1/2 patients.

For non-mutated BRCA1/2 patients, the first and later-line treatments are usually single-agent chemotherapies and will primarily depend on the prior therapies and their history:

- the preferred first-line treatments are taxanes and anthracyclines, particularly if they have not been used previously (at the localised stage). A paclitaxel + bevacizumab combination may also be envisaged for aggressive tumours. Platinum-based chemotherapies as monotherapy or, in certain cases (rapid progression, organ crises, need to rapidly control disease symptoms) in combination with another chemotherapy, may also be used.

In the event of PD-L1 expression, the latest NCCN international guidelines recommend the pembrolizumab + chemotherapy combination in the first-line treatment of locally recurrent unresectable or metastatic triple-negative breast cancer in patients whose tumours express PD-L1 with a CPS ≥ 10.

- in second and later-line therapy, there is no standard treatment, with single-agent chemotherapies such as capecitabine, eribuline, vinorelbine, gemcitabine or cyclophosphamide being used. Overall, the choice of treatment should be made based on the treatment history and the characteristics of patients and their disease.

Role of the medicinal product in the care pathway

TRODELVY (sacituzumab govitecan) is a treatment for adult patients with unresectable or metastatic triple-negative breast cancer (TNBC) who have received two or more prior systemic therapies, at least one of them given for an advanced form of the disease.

Considering the recent introduction into the care pathway of immunotherapy (pembrolizumab) as a first-line treatment of triple-negative breast cancer, the role of sacituzumab govitecan in the event of a tumour with PD-L1 expression remains to be defined.

COMMITTEE'S CONCLUSIONS

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

Clinical benefit

◗ Unresectable or metastatic triple-negative breast cancer (TNBC) is a serious, life-threatening disease

◗ The proprietary medicinal product TRODELVY (sacituzumab govitecan) is a curative medicinal product.

◗ Its efficacy/adverse effects ratio is high in patients with unresectable or metastatic triple-negative breast cancer who have received two or more prior systemic therapies, at least one of them given for an advanced form of the disease.

◗ There are therapeutic alternatives (see clinically relevant comparators).

◗ TRODELVY (sacituzumab govitecan) is a treatment for adult patients with unresectable or metastatic triple-negative breast cancer (TNBC) who have received two or more prior systemic therapies, at least one of them given for an advanced form of the disease.

Public health benefit

Considering:

- the seriousness of the disease and its prevalence,
- the partially met medical need,
- the additional partial response to the identified need, due to the improvement in progression-free survival and overall survival, but with a transposability of results that is not guaranteed (see section 7.4 Summary and discussion), and despite the absence of data enabling formal conclusions to be reached concerning quality of life,
- the absence of an expected additional impact on the care and/or life pathway,

TRODELVY (sacituzumab govitecan) is unlikely to have an additional impact on public health.

Considering all these elements, the Committee deems that the clinical benefit of TRODELVY (sacituzumab govitecan) is substantial in the MA indication.

The Committee issues a favourable opinion for inclusion in the hospital formulary list of reimbursed proprietary medicinal products approved for use in the MA indication and at the MA dosage.

Clinical Added Value

Considering:

- demonstration in an open-label, randomised phase 3 study of the superiority of TRODELVY (sacituzumab govitecan) compared to chemotherapy determined by the investigator (eribuline, capecitabine, gemcitabine or vinorelbine), for the treatment of unresectable or metastatic triple-negative breast cancer in adult patients who have received two or more prior systemic therapies, at least one of them given at an advanced stage of the disease, in terms of:
    - overall survival in populations without brain metastases (HR = 0.48, $CI_{95\%}$ [0.38; 0.59]) and ITT populations (including brain metastases) (HR = 0.51, $CI_{95\%}$ [0.41; 0.62]).
    - and progression-free survival in populations without brain metastases (HR = 0.41, $CI_{95\%}$ [0.32; 0.52]) and ITT populations (HR = 0.43, $CI_{95\%}$ [0.35; 0.54]).
- an acceptable safety profile compared to chemotherapy but marked by additional toxicity with, in particular, more gastrointestinal (diarrhoea, nausea, vomiting), haematological (neutropenia and anaemia) and general adverse events (fatigue, infection, hypersensitivity) than in the chemotherapy group,
- and despite the absence of any formal conclusion that can be drawn based on the quality of life results,

the Transparency Committee considers that **TRODELVY (sacituzumab govitecan) provides a moderate clinical added value (CAV III) compared to chemotherapy in the treatment of adult patients with unresectable or metastatic triple-negative breast cancer (TNBC) who have received two or more prior systemic therapies, at least one of them given for an advanced form of the disease.**