Original French opinion adopted by the Transparency Committee

The legally binding text is the original French opinion version

SUMMARY

durvalumab

IMFINZI 50 mg/ml - LYNPARZA 100 mg and 150 mg

concentrate for solution for infusion / film-coated tablets

Indication extension

Adopted by the Transparency Committee on 15 January 2025

Summary of opinion

Favourable opinion for reimbursement in the indications:

IMFINZI (durvalumab): "IMFINZI in combination with carboplatin and paclitaxel is indicated for the first-line treatment of adults with primary advanced or recurrent endometrial cancer who are candidates for systemic therapy, followed by maintenance treatment with IMFINZI in combination with olaparib in endometrial cancer that is mismatch repair proficient (pMMR)."

LYNPARZA (olaparib): "LYNPARZA in combination with durvalumab is indicated for the maintenance treatment of adult patients with primary advanced or recurrent endometrial cancer that is mismatch repair proficient (pMMR) whose disease has not progressed on first-line treatment with durvalumab in combination with carboplatin and paclitaxel."

Transparency Committee's Conclusions

Clinical Benefit

- Endometrial cancer is a serious life-threatening disease.
- This is a curative medicinal product.
- The efficacy/adverse effects ratio of IMFINZI (durvalumab) and LYNPARZA (olaparib) is high.
- There are therapeutic alternatives with a marketing authorisation but which had not been assessed by the Transparency Committee on the date of the present opinion (see paragraph 2.2 Clinically relevant comparators).
- The proprietary medicinal products IMFINZI (durvalumab) and LYNPARZA (olaparib) are first-line treatments in the indication: IMFINZI (durvalumab) in combination with carboplatin + paclitaxel chemotherapy in the induction phase, followed by maintenance therapy with IMFINZI (durvalumab) in combination with LYNPARZA (olaparib) for the treatment of adult patients with mismatch repair proficient (pMMR)/microsatellite instability-high (MSS) primary advanced or recurrent endometrial cancer and who are candidates for systemic therapy.

➔ Public health benefit

Considering:

- the seriousness of the disease and its prevalence,
- the inadequately met medical need,
- the response to the identified need, with:
  - an established additional impact on morbidity;
  - an expected additional impact on mortality despite an established efficacy of IMFINZI(durvalumab) only in the ITT population (broader population than the MA population concerned by this assessment);
  - the lack of evidence of an additional impact on quality of life;
  - the lack of evidence of an additional impact on the organisation of care;
  - the lack of evidence of an impact on the care and/or life pathway,

IMFINZI (durvalumab) and LYNPARZA (olaparib) are unlikely to have an additional impact on public health.

Considering all these elements, the Committee deems that the clinical benefit of IMFINZI (durvalumab) concentrate for solution for infusion and LYNPARZA (olaparib) film-coated tablets is substantial in the MA indications.

The Committee issues a favourable opinion for inclusion of IMFINZI (durvalumab) concentrate for solution for infusion and LYNPARZA (olaparib) film-coated tablets in the list of covered drugs for inpatients approved for use in the indication and at the MA dosage.

Clinical Added Value

Considering:

- evidence of a superiority in the phase 3 DUO-E study of durvalumab in combination with paclitaxel + carboplatin chemotherapy in the induction phase, followed by maintenance therapy with durvalumab in combination with olaparib in terms of radiological progression-free survival in the ITT population with an HR = 0.55 ($CI_{95\%}$ = [0.43; 0.69]; p < 0.0001). The median progression-free survival was 15.1 months ($CI_{95\%}$ = [12.6; 20.17]) in the durvalumab + olaparib group versus 9.6 months, ($CI_{95\%}$ = [9.0; 9.9]) in the control group, i.e. an absolute difference of 5.5 months;

and despite:

- the lack of evidence of a superiority of durvalumab in combination with paclitaxel + carboplatin chemotherapy in the induction phase, followed by maintenance therapy with durvalumab in combination with olaparib, in terms of overall survival, in the ITT population (including 80% pMMR/MSS patients) assessed via an interim analysis;
- the absence of an overall survival analysis specifically scheduled in the protocol for the pMMR/MSS patient subgroup in the DUO-E study;
- the absence of robust comparative data, to date, supporting the therapeutic contribution of olaparib during the maintenance phase and in combination with durvalumab following an induction phase with carboplatin + paclitaxel chemotherapy in combination with durvalumab;
- the data submitted, derived from an indirect comparison between the RUBY study (pivotal study for JEMPERLI (dostarlimab)) and the DUO-E study (pivotal study for the IMFINZI (durvalumab) and LYNPARZA (olaparib) combination) not enabling this treatment sequence to be better

positioned compared to dostarlimab (JEMPERLI) in combination with chemotherapy followed by dostarlimab as monotherapy, due to methodological weaknesses making interpretation of the results difficult;

- a safety profile particularly marked by grade 3 or 4 AEs, including haematological and gastrointestinal disorders, and the occurrence of syncope reported in 2/3 of patients in group C (durvalumab + olaparib);
- the absence of any formal conclusion that can be drawn on quality of life (exploratory endpoint);

the Committee deems that IMFINZI (durvalumab) concentrate for solution for infusion and LYNPARZA (olaparib) film-coated tablets provide a minor clinical added value (CAV IV) compared to the carboplatin + paclitaxel combination in the treatment of adult patients with pMMR/MSS primary advanced or recurrent endometrial cancer (EC).

© Haute Autorité de santé – January 2025