

A.25	Pertuzumab – HER2+ metastatic breast cancer
Does the application adequately address the issue of the public health need for the medicine?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable Comments:
Briefly summarize the role of the proposed medicine(s) relative to other therapeutic agents currently included in the Model List, or available in the market.	<p>It increases overall survival when added to trastuzumab and docetaxel in patients with HER 2 positive metastatic breast cancer who are treated in first line. This result is superior to what can be achieved with the current drugs on the EML.</p> <p>Another study. Ann Oncol. 2019;30(5):766-773. studied with inoperable HER2-positive advanced breast cancer (locally recurrent/metastatic) (LR/MBC) and no prior systemic therapy for LR/MBC (except endocrine therapy) received docetaxel, paclitaxel, or nab-paclitaxel with trastuzumab and pertuzumab until disease progression or unacceptable toxicity. The preliminary findings suggest that the safety and PFS effect of first-line pertuzumab, trastuzumab, and a taxane for HER2-positive LR/MBC are consistent with results from CLEOPATRA.</p>
Have all important studies and all relevant evidence been included in the application?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable If no, please provide brief comments on any relevant studies or evidence that have not been included:
Does the application provide adequate evidence of efficacy/effectiveness of the medicine for the proposed indication?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable ESMO MCBS 4 The addition of pertuzumab increases overall survival from 40.8 months to 56.5 months when added to trastuzumab - docetaxel regimen in first line. The 8-year survival rates are 37% with pertuzumab versus 23%. Application is not requested for the curative setting where it obtains an ESMO-MCBS score A
Does the application provide adequate evidence of the safety and adverse effects associated with the medicine?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable Comments:

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Are there any adverse effects of concern, or that may require special monitoring?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not applicable Comments:
Briefly summarize your assessment of the overall benefit to risk ratio of the medicine (e.g. favourable, uncertain, etc.)	This medicine is clearly of benefit in first-line treatment of patients with HER2+ metastatic breast cancer
Briefly summarize your assessment of the overall quality of the evidence for the medicine(s) (e.g. high, moderate, low etc.)	The quality of the evidence is good. A similar study done in China, with PFS results only
Are there any special requirements for the safe, effective and appropriate use of the medicine(s)? (e.g. laboratory diagnostic and/or monitoring tests, specialized training for health providers, etc)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not applicable Comments:
Are you aware of any issues regarding the registration of the medicine by national regulatory authorities? (e.g. accelerated approval, lack of regulatory approval, off-label indication)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not applicable Comments: but I do not have sufficient know how
Is the proposed medicine recommended for use in a current WHO Guideline approved by the Guidelines Review Committee? (refer to: https://www.who.int/publications/who-guidelines)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable Comments: ??
Briefly summarize your assessment of any issues regarding access, cost and affordability of the medicine in different settings.	<p>Relevant medicine, the major problem is the high price. The medicine has to be administered in first-line together with trastuzumab and docetaxel, which are on the EML list since 2015. For trastuzumab there are several biosimilars.</p> <p>Despite the availability of biosimilars the use of trastuzumab in the curative and non curative setting of trastuzumab in areas with resource constraints is suggested to be suboptimal.</p> <p>The addition of pertuzumab will enlarge this problem. Pertuzumab biosimilars are being developed. Paclitaxel and nab-paclitaxel might replace docetaxel. Paclitaxel and docetaxel are on the EML list.</p>
Any additional comments	

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<p>Based on your assessment of the application, and any additional evidence / relevant information identified during the review process, briefly summarize your proposed recommendation to the Expert Committee, including the supporting rationale for your conclusions, and any doubts/concerns in relation to the listing proposal.</p>	<p>A relevant medicine as first line treatment in combination with trastuzumab and docetaxel for women with metastatic HER2 overexpressing breast cancer with long-term effect on OS. Current price of the medicine will preclude use in several countries. Additional information on relevant treatment duration might reduce costs as well.</p>
<p>References (if required)</p>	