

## Recommendation

Among the recommended second-line drugs for mSTS in the guidelines, only dacarbazine and ifosfamide are listed in the PNF. However, dacarbazine is indicated for metastatic melanoma and Hodgkin lymphoma, while ifosfamide is indicated for sarcomas in general. Of these two, dacarbazine was selected as the comparator in this evidence review based on the scoping review of the ERG and consultation with the expert society.

Based on the evidence review and appraisal, the HTAC does not recommend the **inclusion of eribulin [500mcg/mL (1mg/2mL) solution for injection (IV)] as a second-line treatment of metastatic soft tissue sarcoma (mSTS) in the Philippine National Formulary** based on the following reasons:

- There is no significant clinical benefit on using eribulin compared to dacarbazine. Although the median overall survival with an interval of two (2) months [13.5 months for the eribulin group vs 11.5 months for the dacarbazine group, HR 0.77 (95% CI 0.62 – 0.96)] favored eribulin over dacarbazine, this was only based on one RCT by Schoffski (2016) with a very low quality of evidence. In addition, the WHO (2018) advises using an overall survival interval of at least 4 months for first-line cancer treatment as overall survival of less than 3 months is likely to be clinically and ethically irrelevant.
- In terms of safety, there is an increased risk of the following adverse events in the eribulin arm when compared to dacarbazine, based on a very low quality of evidence: neutropenia (All-Grade, High-Grade), and neuropathy (All Grade). The adverse events reported in the trial are consistent with the adverse events reported in the real-world setting by Kobayashi et al, 2019.
- While the NCCN recommended eribulin as one of the preferred regimens under subsequent lines of therapy for advanced/metastatic STS specifically for L-type sarcoma (i.e., liposarcoma and leiomyosarcoma) and non-L-type sarcoma, the cost and evidence presented in the review are not sufficient to support eribulin's claims in terms of efficacy/effectiveness and safety profile, even when compared with dacarbazine.

## References

The references cited in this summary document are lifted from the reference report by the Evidence Review Group unless otherwise specified.

Additional references:

- World Health Organization. (2018). *Pricing of cancer medicines and its impacts*. Retrieved from <https://apps.who.int/iris/handle/10665/277190>