Proposed medicines(s) for treatment of CML (refer to application for specific protocols):

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Currently on EML</th>
<th>Addition</th>
</tr>
</thead>
<tbody>
<tr>
<td>imatinib</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>dasatinib</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>nilotinib</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

(1) Does the application adequately address the issue of the public health need for the treatment of the disease?  
    Yes  X  No  

    Comments:

(2) Have all important studies that you are aware of been included in the application?  
    Yes  X  No  

    Comments: Perhaps there should be a mention that it appears that, at least in the developed countries, there is overtime a problem of compliance with the patients often do not take regularly the drugs.

(3) Does the application provide adequate evidence of efficacy/effectiveness of the proposed treatment regimen(s)?  
    Yes  X  No  

    Comments:
Does the application provide adequate evidence of safety for the proposed treatment regimen(s)? Are there any adverse effects of concern, or that may require special monitoring?

Yes  X  No  

Comments: The toxicity of the drugs is very clearly described. In the developing countries one more problem could arise because of the necessity, at least at the beginning of the treatment, to have frequent checking of the blood values. It is also correctly stated that in developing countries treatment can be managed also without having access to molecular diagnostic, although it would be better and advisable to have it.

ADDITIONAL CONSIDERATIONS:

Are there special requirements or training needed for the safe, effective and/or appropriate use of the proposed treatment(s)?

Yes  X  No  

Comments: See above: should cytogenetic testing/molecular biology be routinely available?

Are there any issues regarding the registration of the proposed medicines by regulatory authorities? (e.g., recent registration, new indications, off-label use)

Yes  X  No  

Comments: imatinib is now available in many countries as generic, but dasatinib and nilotinib not.

Comment briefly on issues regarding cost and affordability of treatment.

Nilotinib and dasatinib are very costly for the developing countries. This should be discussed.

Any additional comments on the application?

No

Please summarise the action(s) you propose the Expert Committee take.
The three drugs should be added, although some discussion is necessary concerning the price of nilotinib and dasatinib.