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

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Currently on EML</th>
<th>Addition</th>
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<tbody>
<tr>
<td>paclitaxel</td>
<td>☒</td>
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<tr>
<td>vincristine</td>
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<td>bleomycin</td>
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<tr>
<td>doxorubicin</td>
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<tr>
<td>vinblastine</td>
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(1) Does the application adequately address the issue of the public health need for the treatment of the disease?

Yes [X] No

Comments:
Kaposi’s sarcoma (KS) is relatively rare worldwide. There are several forms associated with a compromised immune system. KS develops in HIV infected individuals with the Acquired Immunodeficiency Syndrome. The African continent has been especially affected with KS due to the HIV epidemic, and KS is the most common tumor in HIV infected individuals in Africa.

(2) Have all important studies that you are aware of been included in the application?

Yes [X] No

Comments:
Data was based on a systematic review; randomised trials, and observational studies evaluating the effects of any chemotherapeutic regimen in combination with HAART compared to HAART alone, chemotherapy versus HAART, and comparisons between different chemotherapy regimens. The data included 6 randomized trials and 3 observational studies.

(3) Does the application provide adequate evidence of efficacy/effectiveness of the proposed treatment regimen(s)?

Yes [X] No

Comments:
In HIV/AIDS-associated KS, highly active antiretroviral therapy is effective. The mainstay of KS is HAART, with chemotherapy given for symptomatic control. The response rates to Paclitaxel range from 59%-71% when given without HAART, and it is effective and tolerable over long term.

(4) **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:
- Patients with KS treated with paclitaxel experience alopecia, bone marrow suppression and peripheral neuropathy. BM suppression increases the risk of serious infections.
- Premedication with glucocorticoids and antihistamines is recommended to reduce the risk of infusion reactions.
- Vincristine is also associated with significant neurotoxicity.

**ADDITIONAL CONSIDERATIONS:**

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

Yes [X] No [ ]

Comments:
- Tissue confirmation (i.e., biopsy) is essential before instituting any therapy, which requires histologic diagnosis by an experienced histopathologist.
- In HIV-positive patients with KS, treatment should be directed by an experienced HIV-care provider, and include infrastructure/support for care if patients with HIV.
- KS may be associated with significant co-morbidities that may be exacerbated following administration of potentially toxic chemotherapy; experience with management of organ toxicity required.
- Require facilities for safe ordering, preparation and administration of parenteral therapy.

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

Yes [ ] No [X]  

Comments:
All medicines are already listed in the WHO's 2013 List of Essential Medicines.
(7) **Comment briefly on issues regarding cost and affordability of treatment.**
For patients on HAART, when choosing from different chemotherapy regimens, there was no observed difference between liposomal doxorubicin, liposomal daunorubicin and paclitaxel.

(8) **Any additional comments on the application?**

(9) **Please summarise the action(s) you propose the Expert Committee take.**
HAART plus chemotherapy may be beneficial in reducing disease progression compared to HAART alone in patients with severe or progressive Kaposi’s sarcoma.