Proposed medicines(s) for treatment of Ovarian Germ Cell Tumors (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>bleomycin</td>
<td>☒</td>
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<tr>
<td>etoposide</td>
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<tr>
<td>cisplatin</td>
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<tr>
<td>paclitaxel</td>
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<tr>
<td>ifosfamide</td>
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<tr>
<td>mesna</td>
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<tr>
<td>G-CSF</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 ☒ No ☐

Comments:
The application provided the standard regimen for OGCT treatment, which has been a combination of bleomycin, etoposide and cisplatin, referred to as “BEP” regimen.

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

Yes ☐ No ☒

Comments:
Most of the important studies included in the application were reviews. We added two guidelines, one systematic review (N=2, n=32), three cohort studies (N=3, n=148) and 26 case series studies (N=26, n=949) through systematic searching. But the conclusion we got from the studies was the same as the application.

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

Yes ☐ No ☒

Comments:
The application stated that the chance of survival without chemotherapy was 0%, but a gain in survival from 0% to 85% was achieved with the addition of BEP regimen to surgery.
The studies we added support the conclusion of the application.

(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 ☒ No ☐

Comments:
The application stated that patients receiving BEP could suffer from alopecia and myelosuppression, particularly neutropenia that increased the risk of infection, and renal toxicity with cisplatin was common. Monitoring was required to recognize and address potential adverse events caused by the treatment itself, including bone marrow suppression, infection, pulmonary toxicity, renal toxicity and gastrointestinal toxicity.
We also found a common toxicity naupathia when receiving cisplatin-based chemotherapy.

ADDITIONAL CONSIDERATIONS:

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

Yes ☒ No ☐

Comments:
The application stated that cisplatin intravenous infusions was required in-patient facilities, since it was accompanied with prolonged intravenous hydration, forced diuresis and anti-emetics and should be monitored.
Our conclusion was the same as the application.

(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 ☐

Comments:
Cisplatin had been registered in CFDA(China Food and Drug Administration) 、EMA(European Medicines Agency) and FDA(US Food and Drug Administration) for ovarian cancer.

(7) Comment briefly on issues regarding cost and affordability of treatment.
Neither the application nor our added studies provide any evidence about cost evaluation. We calculated the cost of cisplatin with the price of the tertiary hospital which we worked in, and we found that the cost using cisplatin for a course of treatment was ¥482.4~964.8 ($77.1~154.3) .Since it was in health insurance directory of China and the government will pay the fees, the affordability of cisplatin was good for patients in China.

(8) Any additional comments on the application?
None.
Please summarise the action(s) you propose the Expert Committee take.
We recommend cisplatin be listed in WHO EML for OGCT, due to:
Adequate evidence confirmed the effectiveness of chemotherapy regimen based on cisplatin for OGCT.
Cisplatin was included in most chemotherapy regimens for OGCT patients.