

Submitted by:
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NCCN Guidelines Panel: Prostate Cancer

On behalf of Dendreon Corporation, I respectfully request the NCCN Prostate Cancer Guideline Panel to review the enclosed data for inclusion of Provenge® (sipuleucel-T) for the treatment of castration-recurrent prostate cancer.

Specific Changes: Recommend that sipuleucel-T be added as initial therapy for patients with castration-recurrent prostate cancer.

FDA Clearance: FDA has approved PROVENGE® (sipuleucel-T) for the treatment of asymptomatic or minimally symptomatic metastatic castrate resistant (hormone refractory) prostate cancer.

Rationale: Approval was based on a Phase 3, randomized, double-blind, placebo-controlled, multicenter trial involving 512 men with asymptomatic or minimally symptomatic metastatic castrate resistant prostate cancer (CRPC). The reduction in risk of death was 22.5% in the sipuleucel-T group compared with the control group (HR=0.775 [95% CI: 0.614, 0.979]; $P=.032$). Median survival for patients in the sipuleucel-T group extended beyond 2 years at 25.8 months compared with 21.7 months for patients in the control group. Results from a similarly designed Phase 3 study in asymptomatic metastatic CRPC also demonstrated a survival advantage of similar clinical magnitude.

The following articles are submitted in support of this proposed change. We would like to acknowledge the contributions of the NCCN panel members who are also co-authors or co-contributors of some of these publications.

1. PROVENGE® (sipuleucel-T) prescribing information. Dendreon Corporation.
2. Higano CS, Schellhammer PF, Small EJ, et al. Integrated data from 2 randomized, double-blind, placebo-controlled, phase 3 trials of active cellular immunotherapy with sipuleucel-T in advanced prostate cancer. *Cancer*. 2009;115:3670-9.
3. Small EJ, Schellhammer PF, Higano CS, et al. Placebo-controlled phase 3 trial of immunologic therapy with sipuleucel-T (APC8015) in patients with metastatic, asymptomatic hormone refractory prostate cancer. *J Clin Oncol*. 2006;24:3089-94.

Sincerely,

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Chief Medical Officer