Ovarian Cancer Action Submission for the Multiple Technology Appraisal of:

Topotecan, pegylated liposomal doxorubicin hydrochloride, paclitaxel, trabectedin and gemcitabine for the treatment of recurrent ovarian cancer (including review of technology appraisal no. 91 and technology appraisal no. 222)

Introduction

Ovarian Cancer Action (OCA) is a national charity whose aim is to radically improve survival rates for women with ovarian cancer. OCA works towards achieving this aim by focussing on three main areas: funding research into understanding this complex disease so that better treatments can be developed; raising awareness of the symptoms as part of our drive to ensure more women are diagnosed at an early stage; and giving those affected by ovarian cancer a voice. It is through this latter aim that we are keen to participate in this Multiple Technology Appraisal (MTA) to give a patient perspective on the treatment of recurrent ovarian cancer.

The need for this appraisal

When patients receive the news that their cancer has come back this is devastating because their prognosis tends to be poor and this is compounded by the limited treatment options that are available to them especially if they are platinum resistant. In addition to this, ovarian cancer is an incredibly complex disease with many different sub types and each behaves very differently. Therefore there is a need to understand what the most effective treatments are so that when a patient's cancer recurs they receive the most appropriate treatment for their particular cancer. Additionally, many ovarian cancer patients are elderly and tend to have range of co-morbidities which may limit treatment options. By assessing the evidence base we can begin to understand how best to ensure that patients with co-morbidities get the best care possible.

Furthermore, doctors may not be aware of the clinical effectiveness of specific treatments and may be unsure as to which treatment to administer to patients in the first instance. For example many patients whose cancer has recurred tend to be treated with platinum compounds but for patients with sub-types such as clear cell carcinoma this treatment is not the most effective option. By assessing the evidence base we can begin to identify a better, more targeted treatment plan to ensure that patients avoid the trauma of undergoing several treatments before the best option is identified.

Additionally, a recent study funded by the Department of Health found that survival rates in the UK were significantly worse than in a number of western countries including Australia, Canada, Denmark and Norway. It was felt that the lower survival rates were due to differences in access to treatments for those patients with advanced disease and differences in the quality of care. Therefore we welcome this assessment and the development of guidance for the treatment of recurrent ovarian cancer. We feel that this would be beneficial in ensuring that all possible treatment options are accessible and made known to doctors so that patients receive the best possible care. We feel also that it would be worth considering the use of the treatments outside of

their licensed indications where there is a significant evidence base to support their safety and effectiveness to allow different doses of drugs to be considered which may be more clinically effective as well as cost effective.

The benefits of the treatments being reviewed

The advantages of the treatments under review are, generally:

- They provide patients who are platinum resistant, platinum refractory or have experienced platinum toxicity with viable treatment alternatives
- Use of most of these drugs as single agent therapies result in a significant tumour response. Tumour response rates range from 13-45%.
- Single agent therapy with these treatments provide patients with progression free survival ranging from 0.8 to 9 months and overall survival ranging 2 months to 2 years.
- Particular combinations such as gemcitabine with platinum compounds and trabectedin with doxorubicin are synergistic resulting in improved efficacy of treatment.

By giving doctors and their patients a range of options for the treatment of recurrent ovarian cancer this provides the opportunity for the disease to be controlled for a moderate amount of time and gives patients the best chance of survival. The extension of life and possible improvement of the quality of life that can be achieved from these treatments would be highly valued by patients and their families.

The disadvantages of the treatments being reviewed

The disadvantages of the treatments being reviewed are the side effects that patients may experience. Studies have shown that these treatments may result in mild to moderate side effects such as myelosuppression, diarrhoea, peripheral neuropathy, allergic hypersensitivity reactions and vomiting. Some of the treatments such as PLD and gemcitabine are well tolerated by patient with only some minor side effects.

As recurrent ovarian cancer is often incurable it is of the utmost importance that the treatments given do not worsen quality of life but we do recognise that patients do value any improvement in survival so may consider some side effects to be worth the extension to their life. We believe the NICE's MTA will be useful in analysing the balance between the increase in survival and the possible side effects. We believe that drugs that do not provide a good balance should not be used and we welcome an analysis that allows more patient specific, quality of life decisions to be made for the treatment of recurrent ovarian cancer.

Conclusion

Ovarian Cancer Action welcomes this Multiple Technology Appraisal as it has the potential to improve access to treatments for patients with recurrent ovarian cancer. Better access to treatments may improve survival rates and thus ensure the UK begins to achieve survival rates that are comparable to the best in Europe.