

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Single Technology Appraisal

Anamorelin for treating cachexia and anorexia in people with non-small cell lung cancer

Final scope

Remit/appraisal objective

To appraise the clinical and cost effectiveness of anamorelin within its marketing authorisation for treating cachexia, anorexia or unintended weight loss in people with non-small-cell lung cancer.

Background

Lung cancer falls into 2 main histological categories: around 85-90% are non-small-cell lung cancers (NSCLC) and the remainder are small-cell lung cancers. The majority of lung cancers are diagnosed in the later stages of the disease, with 21% presenting with locally and regionally advanced disease (stage III) and 48% presenting with advanced disease (stage IV) in which the cancer has spread to other parts of the body. There were approximately 26,800 people in England diagnosed with NSCLC in 2013.¹

Cachexia and anorexia associated with NSCLC is a multifactorial syndrome characterised by involuntary weight loss, muscle wasting and physiological changes, which leads to progressive functional impairment and a poor quality of life. It occurs in approximately 61% of people with non-small cell lung cancer and is accountable for around 20% of all cancer deaths.²

In patients with advanced NSCLC, the options for treating cachexia and anorexia are limited. Current established care includes dietary advice and nutritional supplements. Some patients also have short-term corticosteroids (such as low-dose dexamethasone) or progestins.

The technology

Anamorelin (Adlumiz, Chugai Pharma) is a first-in-class ghrelin receptor agonist. Ghrelin has anabolic and appetite-enhancing properties. Anamorelin is administered orally once daily.

Anamorelin does not currently have a UK marketing authorisation for treating anorexia, cachexia, or unintended weight loss in adults with NSCLC. It has been studied in clinical trials compared with placebo in adults with anorexia and cachexia associated with NSCLC.

Intervention(s)	Anamorelin
Population(s)	Adults with cachexia, anorexia or unintended weight loss associated with non-small-cell lung cancer
Comparators	Established clinical management without anamorelin
Outcomes	<p>The outcome measures to be considered include:</p> <ul style="list-style-type: none"> • increased lean body mass • increased body weight • increased muscle strength • overall survival • adverse effects of treatment • health-related quality of life.
Economic analysis	<p>The reference case stipulates that the cost effectiveness of treatments should be expressed in terms of incremental cost per quality-adjusted life year.</p> <p>The reference case stipulates that the time horizon for estimating clinical and cost effectiveness should be sufficiently long to reflect any differences in costs or outcomes between the technologies being compared.</p> <p>Costs will be considered from an NHS and Personal Social Services perspective.</p>
Other considerations	<p>Guidance will only be issued in accordance with the marketing authorisation.</p> <p>If the evidence allows, the committee may consider subgroups defined by:</p> <ul style="list-style-type: none"> • Severity of cachexia • Body mass index • Score on the Functional Assessment of Anorexia/Cachexia Therapy (FAACT) questionnaire
Related NICE recommendations and NICE Pathways	<p>Clinical Guideline No 121, April 2011, The diagnosis and treatment of lung cancer. Review decision March 2016, guideline to be updated. Next review date TBC.</p> <p>Related NICE Pathways:</p> <p>NICE Pathway: Lung cancer. Pathway created: March 2012. http://pathways.nice.org.uk/pathways/lung-cancer</p>

Related National Policy	NHS England, Manual for prescribed specialised services, service 105: specialist cancer services (adults), Jan 2014. http://www.england.nhs.uk/wp-content/uploads/2014/01/pss-manual.pdf
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References

- 1 Cancer Research UK (2014) Lung cancer statistics. Accessed February 2016 www.cancerresearchuk.org
- 2 NIHR Horizon Scanning Centre briefing note for anamorelin. November 2013.