NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Appraisal

Avelumab for platinum-resistant and platinum-refractory ovarian cancer

Draft scope

Draft remit/appraisal objective

To appraise the clinical and cost effectiveness of avelumab within its marketing authorisation for platinum-resistant and platinum-refractory ovarian cancer.

Background

Ovarian cancer is a cancerous growth that occurs in the ovary or fallopian tubes. The most common type of ovarian cancer, high-grade serous type, is thought to arise from the peritoneum or fallopian tube and presents after it has spread to the ovary. Ovarian cancer is classified from stage I to stage IV. Advanced ovarian cancer falls within stages II and IV; in stage II the disease has grown outside the ovaries but is still within the pelvic area, stage III denotes disease that is locally advanced and has spread outside the pelvis into the abdominal cavity, and stage IV denotes that distant metastasis to other body organs such as the liver and the pleura (two thin layers of tissue that protect and cushion the lungs) has occurred. Most people are diagnosed with advanced stage disease.

The incidence of ovarian cancer increases with age and average age at diagnosis is 65 years[1]. In 2016, 6,430 people were diagnosed with ovarian cancer in England and there were 3,472 deaths from ovarian cancer in 2017well[2,3]. The 5-year survival for women diagnosed with ovarian cancer between 2011 and 2015 and followed up to 2016, in England was 42.9%[4].

Ovarian cancer may be categorised according to the response to platinum chemotherapy as follows: platinum-sensitive (disease responds to platinum-based therapy but relapses after 6 months or more), platinum-resistant (disease recurs within 6 months of completion of platinum-based chemotherapy) and platinum-refractory (disease does not respond to platinum-based chemotherapy). Between 55% and 75% of people whose tumours respond to initial therapy relapse within 2 years of completing treatment.

In people who relapse following initial platinum-based therapy, NICE technology appraisal guidance 389 recommends paclitaxel as monotherapy or in combination with platinum, and pegylated liposomal doxorubicin hydrochloride as monotherapy or in combination with platinum, for treating recurrent ovarian cancer.

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The technology

Avelumab (Bavencio, Merck Serono and Pfizer) is an anti-PD-L1 monoclonal antibody with a dual mechanism of action. It aims to bind and block the inhibitory signalling through PD-1/PD-L1 resulting in the activation of T-cells and cell-mediated immune responses against tumour cells or pathogens. Avelumab is administered by intravenous infusion.

Avelumab does not currently have a marketing authorisation in the UK for treating ovarian cancer. It has been studied in clinical trials alone or in combination with pegylated liposomal doxorubicin in people with platinum-resistant or platinum-refractory ovarian cancer, compared with pegylated liposomal doxorubicin.

Intervention	Avelumab
Population	People with platinum‑resistant or platinum‑refractory ovarian cancer
Comparators	• Paclitaxel monotherapy • Pegylated liposomal doxorubicin hydrochloride monotherapy
Outcomes	The outcome measures to be considered include: • overall survival • progression free survival • response rates • adverse effects of treatment • health-related quality of life.
Economic analysis	The reference case stipulates that the cost effectiveness of treatments should be expressed in terms of incremental cost per quality-adjusted life year. 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. Costs will be considered from an NHS and Personal Social Services perspective.

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Other considerations	Guidance will only be issued in accordance with the marketing authorisation Where the wording of the therapeutic indication does not include specific treatment combinations, guidance will be issued only in the context of the evidence that has underpinned the marketing authorisation granted by the regulator.
Related NICE recommendations and NICE Pathways	**Related appraisals:** Topotecan, pegylated liposomal doxorubicin hydrochloride, paclitaxel, trabectedin and gemcitabine for treating recurrent ovarian cancer (2016) NICE technology appraisal 389. **Terminated appraisals**: Bevacizumab for treating relapsed, platinum-resistant epithelial ovarian, fallopian tube or primary peritoneal cancer (terminated appraisal) (2015) NICE technology appraisal 353. **Appraisals in development** Lurbinectidin for treating advanced platinum-resistant ovarian cancer ID1340 NICE technology appraisal guidance. Publication date to be confirmed. **Related Guidelines**: Ovarian cancer: recognition and initial management (2011) NICE guideline CG122 Improving supportive and palliative care for adults with cancer (2004) NICE guideline CSG4. **Related Interventional Procedures**: Ultra-radical (extensive) surgery for advanced ovarian cancer (2013) NICE interventional procedures guidance 470. **Related Quality Standards**: Ovarian cancer (2012) NICE quality standard 18. http://www.nice.org.uk/guidance/qualitystandards/qualitystandards.jsp **Related NICE Pathways**: Ovarian cancer (2018) NICE pathway. http://pathways.nice.org.uk/

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Related National Policy	**NHS England** NHS England. 2013/14 NHS Standard Contract for Cancer: Chemotherapy (Adult). B15/S/a. NHS England. 2013/14 NHS Standard Contract for Cancer: Gynaecological. E10/S/f/. **Other policies** Department of Health (2016) NHS outcomes framework 2016 to 2017 Independent Cancer Taskforce (2015) Achieving world-class cancer outcomes: a strategy for England 2015-2020 Public Health England (2015) Living with and beyond ovarian cancer Department of Health (2014) The national cancer strategy: 4th annual report

Questions for consultation

Have all relevant comparators for avelumab been included in the scope? Are people with platinum resistant ovarian cancer eligible for platinum and is it offered to this population as part of established clinical practice in England?

Are the outcomes listed appropriate?

Are there any subgroups of people in whom avelumab is expected to be more clinically effective and cost effective or other groups that should be examined separately?

Where do you consider avelumab will fit into the existing NICE pathway, Ovarian cancer?

NICE is committed to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relations between people with particular protected characteristics and others. Please let us know if you think that the proposed remit and scope may need changing in order to meet these aims. In particular, please tell us if the proposed remit and scope:

- could exclude from full consideration any people protected by the equality legislation who fall within the patient population for which avelumab will be licensed;

- could lead to recommendations that have a different impact on people protected by the equality legislation than on the wider population, e.g. by

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making it more difficult in practice for a specific group to access the technology;

- could have any adverse impact on people with a particular disability or disabilities.

Please tell us what evidence should be obtained to enable the Committee to identify and consider such impacts.

Do you consider avelumab to be innovative in its potential to make a significant and substantial impact on health-related benefits and how it might improve the way that current need is met (is this a 'step-change' in the management of the condition)?

Do you consider that the use of avelumab can result in any potential significant and substantial health-related benefits that are unlikely to be included in the QALY calculation?

Please identify the nature of the data which you understand to be available to enable the Appraisal Committee to take account of these benefits.

To help NICE prioritise topics for additional adoption support, do you consider that there will be any barriers to adoption of this technology into practice? If yes, please describe briefly.

NICE intends to appraise this technology through its Single Technology Appraisal (STA) Process. We welcome comments on the appropriateness of appraising this topic through this process. (Information on the Institute's Technology Appraisal processes is available at http://www.nice.org.uk/article/pmg19/chapter/1-Introduction).

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References

1. Patient (2013). Ovarian Cancer 2013. Accessed October 2018.

2. Office for National Statistics (2017). Cancer Registration Statistics, England 2016. Accessed October 2018

3. Office for National Statistics (2016) Death Registrations Summary Tables – England and Wales. Accessed October 2018.

4. Office for National Statistics (2014). Cancer survival in England: Patients diagnosed between 2010 and 2015 and followed up to 2016. Accessed October 2018.

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