NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Pembrolizumab with lenvatinib for untreated PD-L1 positive recurrent or metastatic squamous cell head and neck cancer

Draft scope

Draft remit/evaluation objective

To appraise the clinical and cost effectiveness of pembrolizumab with lenvatinib within its marketing authorisation for treating untreated squamous cell carcinoma of the head and neck.

Background

Head and neck cancer is a heterogeneous group of malignant tumours that arise in the head and neck at the following sites: skin and lip, oral cavity, oropharynx, larynx, hypopharynx, nasopharynx, salivary glands, nasal cavity and paranasal sinuses, and external auditory meatus and middle ear. The most common histological type of head and neck cancer is squamous cell carcinoma (approximately 90%),[1] particularly that affecting the oral cavity, oropharynx and larynx. Although local metastases of head and neck cancer occur frequently (usually spreading through the lymphatic system in the neck), distant metastases are less common.

There were around 10,000 cases of head and neck cancer diagnosed in England in 2020.[2] Approximately 60% of patients present with locally advanced disease at diagnosis, and most of these develop local or regional recurrence, with approximately 20–30% developing distant metastases.[3] Survival depends on several factors, mainly the origin of the cancer and the stage of the disease at diagnosis. In 2020, there were 3,371deaths from head and neck cancer in the UK.[4]

Treatment options for untreated squamous head and neck cancer vary according to the specific sites involved and the stage of disease. NICE technology guidance 145 recommends cetuximab in combination with radiotherapy for locally advanced squamous cell carcinoma where platinum based chemoradiotherapy is contraindicated. For people with recurrent or metastatic disease NICE technology appraisal 473 recommends cetuximab in combination with platinum based chemotherapy only if the cancer started in the oral cavity. NICE technology appraisal 661 recommends pembrolizumab for metastatic or unresectable squamous cell head and neck cancer. Platinum-based chemotherapy is also commonly used for recurrent or metastatic head and neck cancer.

The technology

Pembrolizumab (Keytruda, Merck Sharp & Dohme Ltd) in combination with lenvatinib (Lenvima, Eisai Ltd) does not currently have a marketing authorisation in the UK for treating squamous cell head and neck cancer. It is being studies in clinical trials compared with placebo in those with recurrent or metastatic head and neck squamous cell carcinoma.

Intervention(s)	Pembrolizumab with Lenvatinib
Population(s)	People with untreated squamous cell carcinomas of the head and neck that is PD-L1 positive.
Subgroups	If the evidence allows, subgroups based on the following will be considered • Level of PD-L1 expression • Original site of tumour
Comparators	• Platinum-based chemotherapy regimens • Pembrolizumab monotherapy • Cetuximab in combination with platinum based chemotherapy regimens (only if cancer started in the oral cavity)
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. The availability of any commercial arrangements for the intervention, comparator and subsequent treatment technologies will be taken into account The availability and costs of biosimilar and generic products should be taken into account.

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	**Related technology appraisals:** Cetuximab for the treatment of locally advanced squamous cell cancer of the head and neck (2008) NICE technology appraisal guidance 145 Cetuximab for treating recurrent or metastatic squamous cell cancer of the head and neck (2017) NICE technology appraisal guidance 473 Pembrolizumab for untreated metastatic or unresectable recurrent head and neck squamous cell carcinoma (2020) NICE technology appraisal guidance 661 **Related technology appraisals in development:** Atezolizumab for adjuvant treatment of high-risk locally advanced squamous cell head and neck cancer [ID4052] **Related NICE guidelines:** Improving outcomes in head and neck cancers (2004) Cancer service guideline 6 **Related quality standards:** Head and neck cancer (2017) NICE quality standard 146
Related National Policy	The NHS Long Term Plan (2019) NHS Long Term Plan NHS England (2018) NHS manual for prescribed specialist services (2018/2019) Specialist cancer services (adults) 105 (page 278)

Questions for consultation

Where do you consider pembrolizumab with lenvatinib will fit into the existing care pathway for head and neck cancer?

Are the comparators listed in the draft scope appropriate?

What is the standard of care for untreated PD-L1 positive squamous cell carcinomas of the head and neck?

Are the subgroups listed in the draft scope appropriate?

Would pembrolizumab with lenvatinib be a candidate for managed access?

Do you consider that the use of pembrolizumab with lenvatinib can result in any potential 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 committee to take account of these benefits.

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 lenvatinib with pembrolizumab 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 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.

NICE intends to evaluate this technology through its Single Technology Appraisal process. (Information on NICE's health technology evaluation processes is available at https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-tehnology-appraisal-guidance/changes-to-health-technology-evaluation).

References

1. Vigneswaran N, Williams MD. Epidemiologic trends in head and neck cancer and aids in diagnosis. (2014) Oral Maxillofacial Surgery Clin North Am. Accessed May 2023

2. NHS England. Cancer registration statistics, England 2020 (2022) Accessed May 2022

3. Vermorken JB and Specenier P (2010) Optimal treatment for recurrent/metastatic head and neck cancer. Annals of Oncology 21: vii252–vii261.

4. NHS England. Cancer mortality statistics, England 2020 (2022) Accessed May 2022