NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Pembrolizumab with platinum-based chemotherapy then pembrolizumab maintenance for treating advanced or recurrent endometrial cancer ID6381

Draft scope

Draft remit/evaluation objective

To appraise the clinical and cost effectiveness of pembrolizumab with platinum-based chemotherapy then maintenance pembrolizumab within its marketing authorisation for the treatment of advanced or recurrent endometrial cancer.

Background

Endometrial cancer is a cancer of the lining of the womb (uterus), known as the endometrium. Over 95% of womb cancers are endometrial cancer.[1] The most common symptom of endometrial cancer is abnormal vaginal bleeding, especially in people who have stopped having periods (post menopausal). When diagnosed, endometrial cancer is categorised between stage 1 and 4. In stages 1 and 2, the cancer is contained within the uterus and cervix. In stage 3, the spread of cancer is contained within the pelvis. Once the cancer has spread into another area of the body, it is classed as stage 4 or metastatic. The majority of endometrial cancer is diagnosed at stage 1.[2]

In 2021, there were about 8,400 new cases of endometrial cancer in England.[3] It is most common in older women, with only 3% of cases occurring in women under 45 years of age.[4] Diagnosis at an early stage of the cancer's development leads to improved survival chances. About 92% of people diagnosed with stage 1 endometrial cancer survive for 5 or more years. This decreases to 15% for people diagnosed with stage 4 endometrial cancer.[4] Around 2,000 people die from uterine cancer in England each year.[5]

The first treatment for endometrial cancer is usually to remove the womb (hysterectomy) and the fallopian tubes and ovaries (bilateral salpingo-oophorectomy). In advanced endometrial cancer, debulking surgery may be carried out to remove as much of the cancer as possible.[6] Radiotherapy may be used alongside surgical treatment, or for people who cannot have surgery. In addition, chemotherapy, usually consisting of carboplatin and paclitaxel, can be used adjunct to surgery. For cancer that has metastasised or relapsed, treatment options include hormone therapy, immunotherapy, targeted therapy and chemotherapy.

NICE technology appraisal guidance 779 recommends dostarlimab for use within the Cancer Drugs Fund to treat advanced or recurrent endometrial cancer with high microsatellite instability (MSI) or mismatch repair (MMR) deficiency in people who have had platinum-based chemotherapy.

NICE technology appraisal guidance 963 recommends dostarlimab with platinum-based chemotherapy for use within the Cancer Drugs Fund to treat advanced or recurrent endometrial cancer with high MSI or MMR deficiency in adults who are candidates for systemic therapy.

The technology

Pembrolizumab (Keytruda, Merck Sharp & Dohme) in combination with platinum based chemotherapy followed by maintenance pembrolizumab does not currently have a marketing authorisation in the UK for endometrial cancer. It is being studied in a clinical trial in people with advanced or recurrent endometrial cancer. People in the trial have either pembrolizumab with chemotherapy followed by pembrolizumab maintenance therapy, or placebo with chemotherapy followed by placebo maintenance therapy.

Pembrolizumab in combination with lenvatinib has a marketing authorisation in the UK for treatment of advanced or recurrent endometrial carcinoma in adults who have disease progression on or following prior treatment with a platinum-containing therapy in any setting and who are not candidates for curative surgery or radiation. Pembrolizumab also has a marketing authorisation as monotherapy for the treatment of advanced or recurrent endometrial carcinoma with high microsatellite instability or mismatch repair deficiency, who have disease progression on or following prior treatment with a platinum-containing therapy in any setting and who are not candidates for curative surgery or radiation.

Intervention(s)	Pembrolizumab in combination with platinum-based chemotherapy followed by pembrolizumab maintenance treatment
Population(s)	People with advanced or recurrent endometrial cancer
Subgroups	• Mismatch repair (MMR) immunohistochemistry status • Local vs metastatic recurrence
Comparators	Following treatment options, followed by routine surveillance: • Platinum-based chemotherapy (such as paclitaxel, carboplatin, cisplatin, doxorubicin and cyclophosphamide) • Hormone therapy (such as medroxyprogesterone acetate and megestrol) • Best supportive care

Outcomes	The outcome measures to be considered include: • progression-free survival • response rates • duration of response • disease-free survival • overall survival • 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.
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:** Dostarlimab for previously treated advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency (2022) NICE technology appraisal guidance 779. Pembrolizumab with lenvatinib for previously treated advanced or recurrent endometrial cancer (2023). NICE technology appraisal 904. Pembrolizumab for previously treated endometrial, biliary, colorectal, gastric or small intestine cancer with high microsatellite instability or mismatch repair deficiency. (2023) NICE technology appraisal 914. Dostarlimab with platinum-containing chemotherapy for treating primary advanced or recurrent endometrial cancer

	with high microsatellite instability or mismatch repair deficiency (2024) NICE technology appraisal 963. **Related technology appraisals in development:** Durvalumab for maintenance treatment of recurrent or advanced endometrial cancer after platinum-based chemotherapy [ID6317]. Publication TBC Niraparib with dostarlimab for maintenance treatment of advanced or recurrent endometrial cancer [ID6316] Publication TBC Pembrolizumab with chemotherapy for adjuvant treatment of newly diagnosed high-risk endometrial cancer after surgery with curative intent [ID6207] Publication TBC **Related interventional procedures:** Laparoscopic hysterectomy (including laparoscopic total hysterectomy and laparoscopically assisted vaginal hysterectomy) for endometrial cancer (2010) NICE interventional procedures guidance 356. **Related diagnostics guidance:** Testing strategies for Lynch syndrome in people with endometrial cancer (2020) NICE diagnostics guidance 42.
Related National Policy	The NHS Long Term Plan (2019) NHS Long Term Plan. NHS England (2018) NHS manual for prescribed specialist services (2018/2019). Chapter 105.

Questions for consultation

Where do you consider pembrolizumab with chemotherapy followed by maintenance pembrolizumab will fit into the existing care pathway for endometrial cancer?

Would pembrolizumab plus lenvatinib be an alternate treatment option to pembrolizumab with chemotherapy followed by maintenance pembrolizumab in this patient population?

Would people with primary advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency have the same treatment options as the wider patient population at this point in the treatment pathway?

For people with newly diagnosed advanced endometrial cancer with microsatellite instability or mismatch repair deficiency, would pembrolizumab with platinum-based chemotherapy be considered as an alternative treatment option to dostarlimab with platinum-based chemotherapy (subject to NICE evaluation ID3968), following surgery with curative intent?

Please select from the following, will insert the technology be:

A. Prescribed in primary care with routine follow-up in primary care

B. Prescribed in secondary care with routine follow-up in primary care

C. Prescribed in secondary care with routine follow-up in secondary care

D. Other (please give details):

For comparators and subsequent treatments, please detail if the setting for prescribing and routine follow-up differs from the intervention.

Would pembrolizumab with chemotherapy be a candidate for managed access?

Do you consider that the use of pembrolizumab with chemotherapy 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 pembrolizumab with chemotherapy 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-technology-appraisal-guidance/changes-to-health-technology-evaluation).

1 Cancer Research UK. Uterine cancer incidence by anatomical site. Accessed Jan 2024

2 Cancer Research UK. Early Diagnosis Data Hub. Accessed Jan 2024

3 NHS Digital (2023) Cancer registration statistics, 2021. Accessed Jan 2024

4 ONS (2019) Cancer survival by stage at diagnosis for England, 2019. Accessed Jan 2024

5 Cancer Research UK. Uterine cancer mortality by UK country. Accessed Jan 2024

6 NHS (2021) Treatment: womb (uterus) cancer. Accessed Jan 2024