National Institute for Health and Care Excellence

Health Technology Evaluation

Dostarlimab with platinum-based chemotherapy for treating advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency (MA review of TA963) [ID6426]

Response to stakeholder organisation comments on the draft remit and draft scope

Please note: Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees.

Comment 1: the draft remit and proposed process

Section	Stakeholder	Comments [sic]	Action
Appropriateness of an evaluation and proposed evaluation route	GSK	The company believes that evaluating this topic via the proposed evaluation route (single technology appraisal) is appropriate.	Thank you for your comment. No action required.
Wording	GSK	The company believes that the wording of the remit does reflect the proposed submission.	Thank you for your comment. No action required.
Timing issues	GSK	The proposed NICE submission date of the technology is [redacted]. Dostarlimab in combination with PCC is currently available via the Cancer Drugs Fund (CDF) in respect of this indication. Following a positive read-out of the relevant pivotal trial, and the availability of mature data, GSK believe	Thank you for your comments. No action required.

Section	Stakeholder	Comments [sic]	Action
		this managed entry funding route is now inappropriate. Assurance of continued and permanent access to this therapy is warranted for affected patients and their relevant healthcare professionals	
Additional comments on the draft remit	GSK	N/A	N/A

Comment 2: the draft scope

Section	Consultee/ Commentator	Comments [sic]	Action
Background information	GSK	The company consider the background information to be accurate and complete for this appraisal.	Thank you for your comment. No action required.
Population	GSK	The company consider the population is appropriately defined.	Thank you for your comment. No action required.
Subgroups	GSK	The subgroups suggested as part of the draft scope are not relevant, as raised and confirmed during TA963, the initial appraisal of dostarlimab for part of this indication. As described during TA963, available evidence from the RUBY-1 trial does not enable subgroup analysis of local versus metastatic recurrent disease. Similarly, available evidence from the pivotal trial does not enable robust subgroup analysis of patients who have had primary debulking surgery versus those who have not. Neither of these subgroups have been identified as being clinically relevant in the context of dostarlimab for the treatment advanced or recurrent	Thank you for your comment. These subgroups have now been removed.

Section	Consultee/ Commentator	Comments [sic]	Action
		endometrial cancer. This was acknowledged as part of TA963 where it was concluded that these subgroups required no further consideration. Data from the RUBY trial will be provided to support the population outlined above (primary advanced or recurrent dMMR/ MSI-H endometrial cancer and who are candidates for systemic therapy).	
Comparators	GSK	The relevant comparator for this submission is platinum-based doublet chemotherapy as acknowledged as part of TA963.[1] Both pembrolizumab in combination with chemotherapy and durvalumab, with and without olaparib, in combination with chemotherapy have been identified as investigative therapies within advanced and recurrent endometrial cancer. GSK does not consider these interventions to be relevant comparators given that they are yet unlicensed therapies and any potential future role within the UK clinical pathway is yet unclear. GSK have identified relevant project pages for these technologies on the NICE website with timelines indicating their role within the UK pathway will remain unclear until into Q2 2025. 1. Pembrolizumab with platinum-based chemotherapy then pembrolizumab maintenance for treating primary advanced or recurrent endometrial cancer ID6381. As per the NICE website, expected publication date for this appraisal is 16th April 2025. 2. Durvalumab with platinum-based chemotherapy, then with or without olaparib, for untreated advanced or recurrent endometrial cancer ID6317. As per the NICE website, the appraisal is expected to begin in late July 2024 indicating the appraisal will not be concluded until approximately mid-2025. *National institute for Health and Care Excellence. Technology appraisal guidance | Dostarlimab with platinum-containing chemotherapy for treating primary advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency [TA963]. https://www.nice.org.uk/guidance/ta963 (Accessed July 15th 2024)*	Thank you for your comment. The comparators in the final scope have been revised to include only platinum-based doublet therapy, based on the timing of appraisals ID6381 and ID6317.

Section	Consultee/ Commentator	Comments [sic]	Action
Outcomes	GSK	The company agrees with the proposed outcome measures. Also, to be included: • Time to second objective disease progression (PFS2) Since the previous submission (TA963), interim analysis 2 (IA2) is now available and the dual primary endpoint of OS has now been met in the ITT population. [1,2] IA2 also includes updated PFS2 and adverse event data which will be submitted as part of the evidence dossier. The dual primary endpoint of PFS (for both the dMMR/MSI-H and overall populations) was met at the first interim analysis and therefore was not re-evaluated at IA2. PFS from IA1 will be included to inform the economic model. Similarly, no additional data has been collected for response rate or duration of response. These data were included in the original submission and will be summarised again within an appendix. 1. *National institute for Health and Care Excellence. Technology appraisal guidance | Dostarlimab with platinum-containing chemotherapy for treating primary advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency [TA963]. https://www.nice.org.uk/guidance/ta963 (Accessed July 15th 2024)* 2. *MA Powell et al.. Overall survival in patients with endometrial cancer treated with dostarlimab plus carboplatin–paclitaxel in the randomized ENGOT-EN6/GOG-3031/RUBY trial. Annals of Oncology. 2024; [Preprint]*	Thank you for your comments. The outcome “time to second objective disease progression” has been added to the scope.
Equality	GSK	The following equity considerations have been identified to be relevant to this submission: • In the UK, endometrial cancer survival outcomes are associated with socio-economic deprivation. Women from the middle and most deprived socio-economic groups were more likely to die	Thank you for your comments. The committee will consider how the recommendation

Section	Consultee/ Commentator	Comments [sic]	Action
		from endometrial cancer, with a two-fold and a 53% increased risk respectively, compared with the less deprived women.[1] • Ethnicity influences endometrial cancer survival outcomes. A study found significant demographic differences between co-located South Asian and White patients with endometrial cancer, including younger age at diagnosis and more premenopausal cases in the South Asian patient group.[2] This suggests potential disparities in cancer referral criteria based on ethnicity. • Recent ONS data demonstrated significant disparities in endometrial cancer mortality, with Black ethnic groups in the UK experiencing notably higher rates compared with other ethnicities. Diagnosis at late stages appears more frequent among Black Caribbean and Black African women compared with women from other groups. [3] The approval of dostarlimab with platinum-containing chemotherapy as part of routine commissioning would help to address the severe inequalities existing in survival outcomes experienced amongst endometrial cancer patients of different ethnicities or experiencing different levels of socio-economic deprivation. 1. *Njoku K, Barr CE, Hotchkies L, Quille N, Wan YL, Crosbie EJ. Impact of socio-economic deprivation on endometrial cancer survival in the North West of England: a prospective database analysis. Bjog. 2021;128(7):1215-24.* 2. *Mohammed S, Polymeros K, Wickham-Joseph R, Luqman I, Charadva C, Morris T, et al. Comparing Characteristics of Endometrial Cancer in Women of South Asian and White Ethnicity in England. Cancers. 2021;13(23):6123.* 3. *Moss EL, Teece L, Darko N. Uterine cancer mortality and Black women: time to act. The Lancet Oncology. 2023;24(6):586-8.*	requires consideration of equalities issues during the appraisal.

Section	Consultee/ Commentator	Comments [sic]	Action
Other considerations	GSK	No additional comments	N/A
Questions for consultation	GSK	**Where do you consider dostarlimab with platinum-based chemotherapy will fit into the existing care pathway for advanced or recurrent endometrial cancer?** C. Prescribed in secondary care with routine follow-up in secondary care **For comparators and subsequent treatments, please detail if the setting for prescribing and routine follow-up differs from the intervention**. Relevant subsequent treatments and comparators are also prescribed in secondary care with routine follow-up in secondary care. **Do you consider that the use of dostarlimab with platinum-based chemotherapy can result in any potential substantial health-related benefits that are unlikely to be included in the QALY calculation?** Health related quality of life from the RUBY trial Part 1 (NCT03981769) will be included within the submission to demonstrate the quality-of-life benefits associated with the use of dostarlimab with platinum containing chemotherapy. This is in line with the previous submission (TA963) as no new HRQoL data has been collected as part of IA2. The QALY calculation should accurately capture the health-related quality of life experienced by the patient over the lifetime time horizon. While the trial will aim to accurately capture this benefit during the available follow up period, it is possible that the	Thank you for your comments.

Section	Consultee/ Commentator	Comments [sic]	Action
		impact to health-related quality of life will not be sufficiently captured due to limited duration of follow up. **Please identify the nature of the data which you understand to be available to enable the committee to take account of these benefits**. Clinical data related to long term health-related quality of life and clinical expert opinion will be explored to ensure all health-related quality of life benefits are accounted for.	
Additional comments on the draft scope	GSK	N/A	N/A

The following stakeholders indicated that they had no comments on the draft remit and/or the draft scope

N/A