NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Avelumab with axitinib for untreated advanced renal cell carcinoma (MA review of TA645) ID6294

Draft scope

Draft remit/evaluation objective

To appraise the clinical and cost effectiveness of avelumab with axitinib within its marketing authorisation for untreated advanced renal cell carcinoma.

Background

Renal cell carcinoma (RCC) is a cancer that usually originates in the lining of the tubules of the kidney (the smallest tubes inside the nephrons) that help filter the blood and make urine. RCC is the most common type of kidney cancer, accounting for more than 80% of cases.[1] There are several types of RCC. The main ones are clear cell (accounting for around 75% of cases), papillary and chromophobe.[1]

RCC is categorised into stages 1 to 4. Stage 1 and 2 includes tumours which are localised to the kidney. Stage 3 denotes disease that is locally advanced and/or has spread to regional lymph nodes. Metastatic RCC, in which the tumour has spread beyond the regional lymph nodes to other parts of the body, is defined as stage 4. . Treatment for RCC is also dependent on risk status, as defined by the International Metastatic RCC Database Consortium (IMDC).

In 2021, 10,193 new kidney cancer cases were diagnosed in England.[2] Around 39% to 45% were stage 3 or 4 at diagnosis.[3] The 5-year survival is around 75% and 15% for stage 3 and stage 4 disease, respectively.[4]

Current treatment options for untreated advanced RCC include vascular endothelial growth factor (VEGF), tyrosine kinase inhibitors (TKIs), PD-1 or PD-L1 immune checkpoint inhibitors and CTLA-4 inhibitors. TKIs offered for untreated RCC include sunitinib, pazopanib or tivozanib as recommended by NICE technology appraisal guidance (TA169, TA215 and TA512). In addition, TA645 recommends avelumab with axitinib (a PD-1/PD-L1 inhibitor with a TKI) for untreated advanced RCC for use within the Cancer Drugs Fund (CDF) while further data is collected. This recommendation is the subject of this evaluation.

For people with intermediate or poor-risk cancer, TA542 recommends cabozantinib (a TKI) and TA780 recommends nivolumab plus ipilimumab (a PD-1 inhibitor with a CTLA-4 inhibitor). TA858 recommends lenvatinib with pembrolizumab (a PD-1/PD-L1 inhibitor with a TKI) as an option where nivolumab with ipilimumab would otherwise be offered. TA964 recommends cabozantinib with nivolumab (a TKI with a PD-1 inhibitor) as an option where nivolumab with ipilimumab or lenvatinib with pembrolizumab would otherwise be offered.

The technology

Avelumab (Bavencio, Merck) in combination with axitinib has a marketing authorisation in the UK for the first-line treatment of advanced renal cell carcinoma in adults.

Intervention(s)	Avelumab with axitinib
Population(s)	Adults with untreated advanced renal cell carcinoma
Subgroups	If the evidence allows the following subgroup will be considered: • Intermediate-/poor-risk advanced metastatic RCC as defined in the IMDC criteria
Comparators	• Pazopanib • Sunitinib • Tivozanib Intermediate or poor risk disease as defined in the IMDC criteria: • Cabozantinib • Nivolumab plus ipilimumab • Lenvatinib with pembrolizumab • Cabozantinib with nivolumab
Outcomes	The outcome measures to be considered include: • overall survival • progression-free survival • response rates • duration or response • time on treatment/time to next treatment • 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 cost 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:** Cabozantinib with nivolumab for untreated advanced renal cell carcinoma (2024) NICE technology appraisal guidance TA964 Lenvatinib with pembrolizumab for untreated advanced renal cell carcinoma (2022) NICE technology appraisal guidance TA858 Nivolumab with ipilimumab for untreated advanced renal cell carcinoma (2022) NICE technology appraisal guidance TA780 Pembrolizumab with axitinib for untreated metastatic renal cell carcinoma (2020) NICE technology appraisal guidance TA650 Avelumab with axitinib for untreated advanced or metastatic renal cell carcinoma (2020) NICE technology appraisal guidance TA645 Cabozantinib for untreated advanced renal cell carcinoma (2018) NICE technology appraisal guidance TA542 Tivozanib for treating renal cell carcinoma (2018) NICE technology appraisal guidance TA512 Pazopanib for the first-line treatment of advanced renal cell carcinoma (2011, updated 2013) NICE technology appraisal guidance TA215.

	Sunitinib for the first-line treatment of advanced and/or metastatic renal cell carcinoma (2009, updated 2017) NICE technology appraisal guidance TA169. **Related technology appraisals in development:** Cabozantinib with nivolumab and ipilimumab for untreated intermediate- or poor-risk advanced renal cell carcinoma (Publication date to be confirmed) NICE technology appraisal guidance ID6330 **Related NICE guidelines:** Suspected cancer: recognition and referral (2015 last updated 2023) NICE guideline NG12 Improving outcomes in urological cancers (2002) Cancer service guideline CSG2 **Related NICE guidelines in development:** Kidney Cancer. NICE guideline. Publication date to be confirmed **Related quality standards:** Suspected cancer (2016 updated 2017) NICE quality standard 124 **Related quality standards in development:** Kidney Cancer. Publication date to be confirmed
Related National Policy	The NHS Long Term Plan (2019) NHS Long Term Plan NHS England (2023) Manual for prescribed specialist services (2023/2024) Chapter 105 - Specialist cancer services (adults).

Questions for consultation

Where do you consider avelumab with axitinib will fit into the existing care pathway for renal cell carcinoma?

Please select from the following, will avelumab with axitinib 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.

Do you consider that the use of avelumab with axitinib 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 avelumab with axitinib is 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).

References

1. Cancer Research UK. Kidney cancer types and grades. Accessed July 2024.
2. NHS England Digital. Cancer Registrations Statistics England, 2021 – first release counts only, counts of cancer diagnoses tables. Accessed July 2024.
3. NHS England Digital. Cancer Registrations Statistics England 2021 – first release counts only, cancer incidence by stage. Accessed July 2024.
4. Cancer Research UK. Survival for kidney cancer. Accessed July 2024.