**National Institute for Health and Care Excellence**

**Health Technology Evaluation**

# Atezolizumab for adjuvant treatment of resected non-small-cell lung cancer (MA review of TA823) [ID6324]

**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 |
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| Appropriateness of an evaluation and proposed evaluation route | British Thoracic Oncology Group | This is an important, practice changing, appraisal which evaluates adjuvant Atezolizumab, which has demonstrated significant benefit to disease free survival and overall survival in this patient population | Comment noted.<br><br>The committee will consider relevant outcomes for atezolizumab during the appraisal. No action required. |
| Wording | Roche | [redacted] | Comment noted.<br><br>The remit is intended to be broad to cover the final marketing authorisation. No action required. |

| Section | Stakeholder | Comments [sic] | Action |
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| | | [redacted]<br><br>We recommend the remit be updated to reflect this.<br><br>[redacted] | |
| | British Thoracic Oncology Group | Yes | Comment noted, no action required. |
| Timing issues | Roche | Given the data collection period has concluded and enough evidence is available to resolve the remaining uncertainties of this appraisal, Roche encourages this appraisal to continue in line with usual NICE scheduling to ensure there is no further delay to patient access. | Comment noted. NICE has scheduled this topic into its work programme. No action required. |
| | British Thoracic Oncology Group | This is practice changing and urgent to evaluate as an options for lung cancer patients, and appropriately is available on CDF while awaiting NICE review | Comment noted. NICE has scheduled this topic into its work programme. No action required. |

**Comment 2: the draft scope**

| Section | Consultee/ Commentator | Comments [sic] | Action |
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| Background information | Roche | No comments on the background information. | Comment noted, no action required. |
| | British Thoracic Oncology Group | The background is correct | Comment noted, no action required. |
| Population | Roche | [redacted] | Comment noted.<br><br>The population in the scope is intended to be broad to cover the final marketing authorisation. No action required. |

| Section | Consultee/ Commentator | Comments [sic] | Action |
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| | British Thoracic Oncology Group | The population should state those included in the Impower10 trial to include specifying ≥4cm node negative tumours or any size node positive tumours T2bN0 – T4N2 disease (TNM v8) | Comment noted.<br><br>The population in the scope is intended to be broad to cover the final marketing authorisation. No action required |
| Subgroups | Roche | • **Disease stage:**<br>The company will not provide a disease stage subgroup analysis because the trial was not designed to compare these subgroups. In addition, the patient population within each subgroup is too small to conduct any meaningful statistical analysis (Stage II n= 58, Stage IIIA n= 48).<br><br>• **Exclude the presence of biological or genetic markers:**<br>Roche proposes to exclude the subgroup of patients with EGFR -positive and ALK-positive tumours.<br><br>Evidence from the SAC-T data report has shown that ALK-positive and EGFR-positive NSCLC patients would not be treated with adjuvant atezolizumab. This finding was also confirmed by clinicians.<br><br>Instead alectinib for the ALK-positive subgroup and osimertinib for the EGFR-positive subgroup would be the appropriate treatment options for these patients.<br><br>[redacted] | Comments noted.<br><br>Staging remains as a subgroup for consideration if the evidence allows as life expectancy differs between stages. No action required.<br><br>Presence of biological or genetic markers remains as a subgroup for consideration if the evidence allows as outcomes may differ based on biological or genetic markers. No action required. |

| Section | Consultee/ Commentator | Comments [sic] | Action |
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| | | [redacted] | |
| | British Thoracic Oncology Group | In addition to above the EGFR and ALK negative subgroup and PDL1≥50%<br><br>Also should exclude patients whom have received prior neo-adjuvant chemo-immunotherapy such as TA876 | Comment noted.<br><br>If evidence allows the company can present subgroups in their submission for the committee to consider. The committee will consider the relevance of these subgroups in line with NICE's methods outlined in the CHTE 2022 manual. No action required. |
| Comparators | Roche | Roche agrees with active supportive care as a comparator.<br><br>In light of the 7th of August adjuvant pembrolizumab (ID3907) committee meeting, in which, according to the publicly available committee slides, the company defined their population as PD-L1 TPS <50%, Roche believes that adjuvant pembrolizumab is no longer an appropriate comparator for this submission.<br><br>[redacted] | Comments noted.<br><br>The list of comparators is intended to be broad. The appraisal committee will discuss the most appropriate comparator(s) during the development of this appraisal. This will depend on the final marketing authorisation, the current treatment pathway, the clinical |

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| | | | and cost-effectiveness evidence and current clinical practice. No action required. |
| | British Thoracic Oncology Group | TA876 is a reasonable comparator given some patients with same radiological stage will be offered neo-adjuvant chemo-immunotherapy. Note must be made that some patients may be upstaged during surgery hence had not been eligible for TA876 on radiological staging but are eligible by stage criteria on histology post-operatively | Comment noted.<br>The remit of the appraisal is to appraise atezolizumab as an adjuvant treatment of completely resected NSCLC. Because TA876 appraised nivolumab at a different point in the treatment pathway (as a neoadjuvant treatment of resectable NSCLC), nivolumab is not considered a relevant comparator. No action required. |
| Outcomes | Roche | Response rates were not collected in IMpower010 and, therefore, will not be included as an outcome in the submission.<br><br>All other listed outcomes capture the most important health-related benefits and adverse events. | Comment noted.<br>Response rate has been removed as an outcome in the scope. |

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| | British Thoracic Oncology Group | The outcomes listed are appropriate. The cost of relapse should also be considered where without this treatment, more patients would relapse and need either immunotherapy +/- chemotherapy with palliative intent or immunotherapy after radical chemo-radiotherapy | Comment noted.<br>The cost of relapse, including the cost of subsequent treatment can be included by the company in the economic analysis. No action required. |
| Equality | Roche | No equality issues have been identified which would affect the proposed remit and scope. | Comment noted, no action required. |
| | British Thoracic Oncology Group | No foreseeable equality issues | Comment noted, no action required |
| Other considerations | Roche | No additional considerations need to be covered. | Comment noted, no action required |
| | British Thoracic Oncology Group | Consideration must also be given that Atezolizumab comes in 3 weekly, 4 weekly iv form and a subcutaneous route and is available in all licenced indication subcutaneously which can decrease hospital chair time, pharmacy time and increase patient convenience. | Comment noted.<br>The committee will discuss the methods of administration during the appraisal. It will also be discussed if all benefits of atezolizumab were captured in the cost- |

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| | | | effectiveness analyses. No action required. |
| Questions for consultation | Roche | **Where do you consider adjuvant atezolizumab will fit into the existing care pathway for the disease?**<br>Along with active monitoring, adjuvant atezolizumab should continue to be a treatment option for eligible patients.<br><br>**Would atezolizumab be used in EGFR and ALK genetic alteration positive NSCLC?**<br>[redacted]<br><br>[redacted]<br><br>**Do you consider that the use of atezolizumab can result in any potential substantial health-related benefits that are unlikely to be included in the QALY calculation?**<br>We do not anticipate atezolizumab to result in any potential substantial health-related benefits that are unlikely to be included in the QALY calculation.<br><br>**Please identify the nature of the data which you understand to be available to enable the committee to take account of these benefits.** | Comments noted.<br><br>The committee will discuss the treatment pathway during the appraisal. No action required.<br><br>The population in the scope is intended to be broad to cover the final marketing authorisation. No action required<br><br>The committee will discuss if all benefits of garadacimab were captured in the cost-effectiveness analyses during the appraisal. No action required. |

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| | | IMpower010 is a Phase III, global, multicenter, open-label, randomised study that investigates the efficacy of atezolizumab compared to Best Supportive Care following adjuvant chemotherapy in patients with completely resected non-small cell lung cancer (NSCLC). Extended follow-up data are available to further substantiate the role of adjuvant atezolizumab in this patient population, with a median follow-up duration of 65 months (range: 0.0-93 months).<br><br>In addition, a SAC-T data report is available, which was produced as part of the MAA agreement.<br><br>**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:**<br>**could exclude from full consideration any people protected by the equality legislation who fall within the patient population for which atezolizumab is licensed**<br>**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;**<br>**could have any adverse impact on people with a particular disability or disabilities.** | |

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| | | No equality issues have been identified. | |
| | British Thoracic Oncology Group | ***Qu: Where do you consider adjuvant atezolizumab will fit into the existing pathway?:*** Adjuvant Atezolizumab still has a substantial role in the early lung cancer pathway. Although now patients meeting the stage criteria should be offered neo-adjuvant Chemo-immunotherapy, there are a significant proportion of patients whom should still go straight to surgery due to co-morbidities (although still PS 0-1), or significant lung collapse and high risk of infection, for example. Furthermore, there are a number of patients who are upstaged at surgery and hence did not initially meet criteria for neo-adjuvant chemo-immunotherapy, but would be recommended on post-operative histology.<br>***Qu: Would atezolizumab be used in EGFR and ALK genetic alteration positive NSCLC?*** Although Impower 10 did include this subgroup we would not usually recommend this based on efficacy in advanced disease and availability of adjuvant Osimertinib (TA761) and likely adjuvant Alectinib for ALK mutations in the future<br>***Qu: Do you consider that the use of atezolizumab can result in any potential substantial health-related benefits that's are unlikely to be included in the QALY calculation?*** See comments in outcomes<br>***Qu: Please identify the nature of the data which you understand to be available to enable the committee to take account of these benefits?*** Impower10 studied this indication. Publications include Felip E et al Ann Oncol 2023 DOI 10.1016/j.annonc.2023.07.001 and Felip E et al 2021 Lancet DOI 10.1016/S0140-6736(21)02098-5.<br>The cost of relapse can be considered. This includes expensive treatment options eg TA683, TA531, TA770, TA798 | Comments noted.<br><br>The committee will discuss the treatment pathway during the appraisal. No action required.<br><br>Presence of biological or genetic markers remains as a subgroup for consideration if the evidence allows as outcomes may differ based on biological or genetic markers. No action required.<br><br>The committee will discuss if all benefits of garadacimab were captured in the cost-effectiveness analyses during the appraisal. No action required. |

| Section | Consultee/ Commentator | Comments [sic] | Action |
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| | | | The cost of relapse, including the cost of subsequent treatment can be included by the company in the economic analysis. No action required. |
| Additional comments on the draft scope | Roche | Please note that at the time of this submission atezolizumab subcutaneous is available and the cost and resource benefits associated with this will be modelled as part of the CE analysis. | Comment noted.<br><br>The committee will discuss the methods of administration during the appraisal. No action required. |

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

MSD