NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Proposed Health Technology Appraisal

Masitinib for the treatment of unresectable or metastatic gastrointestinal stromal tumours after treatment with imatinib

Draft scope (pre-referral)

Draft remit/appraisal objective

To appraise the clinical and cost effectiveness of masitinib within its licensed indication for the treatment of unresectable or metastatic gastrointestinal stromal tumours after progression with imatinib.

Background

Gastrointestinal stromal tumours (GISTs) are rare connective tissue tumours. Although GISTs can occur along the length of the GI tract, the majority arise in the stomach (60–70%) or small intestine (25–35%). GISTs are associated with the overexpression of several tyrosine kinase growth receptors and the ligands that bind to them. Around 75–80% of GISTs have activating mutations in c-Kit (CD117), a tyrosine kinase receptor, and 5–10% in platelet-derived growth factor receptor-alpha. These factors are thought to be important in driving tumour development.

The annual incidence of GIST is estimated to be approximately 900 new diagnoses per year in the UK and approximately half of these are likely to be unresectable or metastatic. Although GISTs can occur at any age, the mean age at presentation is between 50 and 70 years and it is more common in men than women.

'Imatinib for the treatment of unresectable and/or metastatic gastro-intestinal stromal tumours' (NICE technology appraisal guidance 86) recommends imatinib as the first-line treatment for people with KIT-positive unresectable and/or metastatic GIST. Following failure of imatinib treatment, and in the absence of further treatment, survival is usually less than 1 year. 'Sunitinib for the treatment of gastrointestinal stromal tumours' (NICE technology appraisal guidance 179) recommends sunitinib as a second-line treatment option after failure of imatinib because of resistance or intolerance, providing that the cost of the drug (excluding any related costs) for the first treatment cycle is met by the manufacturer.

The technology

Masitinib (Masican, AB Science) is a tyrosine kinase inhibitor that inhibits c-Kit, platelet-derived growth factor receptor (PDGFR), fibroblast growth factor receptor and kinases that are involved in cell proliferation and resistance to chemotherapy. Masitinib is administered orally.

Masitinib does not have a UK marketing authorisation for the treatment of GISTs. It has been compared with sunitinib in clinical trials in adults with imatinib-resistant c-Kit-positive GISTs that are metastatic, or locally advanced and non-operable.

Intervention(s)	Masitinib
Population(s)	Adults with unresectable or metastatic gastrointestinal stromal tumours whose condition has progressed following treatment with imatinib
Comparators	• Sunitinib
Outcomes	The outcome measures to be considered include: • overall survival • progression-free survival • response rate • 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 patient access schemes for the technology or its comparators should be taken into account.
Other considerations	Guidance will only be issued in accordance with the marketing authorisation.

Related NICE recommendations	Related Technology Appraisals: Technology Appraisal No. 209, November 2010, 'Imatinib for the treatment of unresectable and/or metastatic gastrointestinal stromal tumours. Part review of NICE technology appraisal guidance 86' Review decision date August 2013 Technology Appraisal No. 179, September 2009, 'Sunitinib for the treatment of gastrointestinal stromal tumours' Guidance on static list Technology Appraisal No. 86, October 2004, 'Imatinib for the treatment of unresectable and/or metastatic gastro-intestinal stromal tumours' This guidance has been partially updated by 'Imatinib for the treatment of unresectable and/or metastatic gastrointestinal stromal tumours' (NICE technology appraisal guidance 209) Related Cancer Service Guidance: Cancer Service Guidance, March 2004 'Improving supportive and palliative care for adults with cancer' Related Quality Standards: Quality Standard 'End of life care for adults'

Questions for consultation

Have the most appropriate comparators for masitinib for the treatment of unresectable or metastatic GISTs after treatment with imatinib been included in the scope? Are the comparators listed routinely used in clinical practice?

Should best supportive care be included as a comparator?

What is the most appropriate terminology: c-Kit, KIT or CD117?

Are there any subgroups of people in whom the technology is expected to be more clinically effective and cost effective or other groups that should be examined separately, such as the mutation status of certain genetic subtypes of *KIT* and *PDGFR*?

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 [the treatment(s)] is/are/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.

Do you consider the technology to be innovative in its potential to make a significant and substantial impact on health-related benefits and how it might improve the way that current need is met (is this a 'step-change' in the management of the condition)?

Do you consider that the use of the technology can result in any potential significant and 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 Appraisal Committee to take account of these benefits.

NICE intends to appraise this technology through its Single Technology Appraisal (STA) Process. 'Sunitinib for the treatment of gastrointestinal stromal tumours' (NICE technology appraisal guidance 179) is presently on the static list. Would it be more appropriate to appraise masitinib and sunitinib together using the Multiple Technology Appraisal (MTA) process? We welcome comments on the appropriateness of appraising this topic through this process. (Information on the Institute's Technology Appraisal processes is available at http://www.nice.org.uk/aboutnice/howwework/devnicetech/technologyappraisalprocessguides/technology_appraisal_process_guides.jsp)