Decision Support Unit Project Specification Form **-- CONFIDENTIAL UNTIL FURTHER NOTICE --**	
Project Number	
Appraisal title	Lapatinib for HER2 over-expressing breast cancer
Synopsis of the technical issue	Following the Appraisal Committee meeting in January 2008, a consultation document with preliminary recommendations (ACD) was issued. Following consultation on the ACD the manufacturer for lapatinib has provided additional data about the use of trastuzumab post progression. The manufacturer has also presented additional efficacy data for lapatinib and trastuzumab. These data have now been used in an updated effectiveness and cost effectiveness analysis presented as part of the response to the ACD. As well as updating the efficacy inputs in the economic model the manufacturer also made minor changes to assumptions on frequency of trastuzumab administration, trastuzumab administration costs, trastuzumab wastage etc, and presented updated ICERs that take account of these changes. The manufacturer has also proposed a patient access programme whereby the company pays for the costs of lapatinib cycles up to a maximum of 12 weeks. The NHS will therefore take over the costs after 12 weeks in those people who continue treatment. The access scheme is based on the use of a “blended comparator” (that is a weighted average of the costs and effectiveness of the main comparator regimens). The access scheme has been incorporated into the economic model, together with the changes described in the second paragraph above, and an ICER was derived.

Question(s) to be answered by DSU	a) To comment on the data submitted to estimate use, in practice, of trastuzumab post progression. b) To comment on the appropriateness of the efficacy estimates, and the indirect comparison methodology, used by the manufacturer to compare lapatinib plus capecitabine versus trastuzumab post progression. c) To establish that the minor corrections to the model and alternative assumptions about dosing e.g. assumptions about frequency of trastuzumab administration, trastuzumab administration costs assumptions on trastuzumab wastage been incorporated into the updated model appropriately. d) To provide a critique on the methodology used for incorporating a weighted "blended comparator" in the economic analysis. Can this approach be considered to be robust and sound in the context of the Guide to the Methods of Technology Appraisals? e) To establish that the updated model is consistent with new scenarios presented by the manufacturer; does it fully reflect the patient access programme/scheme that will be the basis for determining cost effectiveness, including the costs of implementing the scheme?

How will the DSU address these questions	Question a: section 1.1 of the response to the ACD (and section A1.1.1-2 describes the use of trastuzumab post progression. DSU is asked to comment on the data provided. Questions b and c: The estimate of cost effectiveness for the patient access programme is derived from scenario 9 ("the revised base case" described on p17 of the patient access programme) this includes an indirect comparison of the GBG 26 and BIG 3-05 studies and updated assumptions about trastuzumab dosing and administration. DSU is asked to validate the efficacy data used in the indirect comparison, critique the indirect comparison methodology (described in appendix 4 of the GSK response) and to assess whether the efficacy values (OS, and TTP) and updated assumptions have been incorporated appropriately into the revised economic model. Questions d and e: For the patient access scheme the three comparators (capecitabine, vinorelbine and trastuzumab) are 'blended' to produce an overall estimate of cost effectiveness for lapatinib in comparison with current care (shown in table 2 of the patient access programme). The patient access programme is then applied to the 'blended' revised base case estimate of cost effectiveness. The DSU is asked to critique the methodology and validity of 'blending' the comparators, and to identify whether this has been appropriately applied in the economic model. In addition DSU is then asked to assess whether the patient access programme has been appropriately incorporated into the model to produce the revised estimate of cost effectiveness, including whether the relevant costs have been included correctly. All questions: DSU may clarify aspects of the analysis with the manufacturer of lapatinib. The Institute will be moderating any exchange of information and/or will be available to set up teleconferences if necessary.
How does this relate to the TAR?	The analysis will build on the work done by the ERG

Exact analyses required	As described above

Decision Support Unit Project Administration Form	
Project Number	
DSU Lead Analyst	Dr Louise Longworth
DSU Project Leader	Dr Louise Longworth
Date form sent to DSU	
NICE contacts[1] • Technical Lead • Technical Advisor • Project manager	David Chandiwana [redacted] Zoe Garrett [redacted] Eloise Saile [redacted]
DSU contacts[1] • Project Leader • Project Team	Dr Louise Longworth [redacted] Dr Louise Longworth [redacted] Prof Keith Abrams [redacted] Jon Tosh [redacted]
ERG • Lead reviewer[1]	Jeremy Jones [redacted]

Details of ERG's involvement in the project	The DSU may seek clarification from the ERG where necessary.
Appraisal committee members involved in the project	None
Experts nominated by consultees involved in the project	none
Other experts involved in the project	none
Documentation sent to DSU and date	<u>Documents sent to DSU on 06.08.08 and 07.08.08</u> • ERG report • Lapatinib ACD • Consultee comments on the ACD • GSK response to the ACD • Appendices to responses to the ACD • GSK cost effectiveness model • Addendum with the patient access programme
Timelines:	
• Start date	11.08.08
• Feedback dates with NICE technical lead	26th August 2008
• Date for delivery of draft	04.09.08 5pm

report	Any comments from NICE must be received 5pm 05.09.08
• Date for delivery of report to Institute	08.09.08
• Date for distribution of report to consultees	06.10.08
• Date of appraisal Committee meeting for presentation of report	18.09.08
• Date for publication on website	14.10.08
Total anticipated DSU person hours - for full details see task form	
Post-project	
Output conforms to specification[2]	
Total actual DSU person hours	
Change to budget approved[2]	

[3] Did the project achieve its objective(s)

Decision Support Unit Project Task Form					
Detailed breakdown of tasks and time spent					
DSU Project Number					
DSU Project Leader					
Task	**Person**	**Time**		**Cost****	
For example:		**Anticipated**	**Actual**	**Anticipated**	**Actual**
Preparation of specification form*	LL	0.5 day			
Reading associated documentation	All (total)	2 days			
Checking model amendments	JT	5 days			
Review of effectiveness data	KA	1 day			
Critique of amendments and report writing	LL	6 days			
Peer review of	SP	1 day			

draft report					
Review of peer review comment & amendments to report	LL	1 day			
Preparation for Committee (teleconference and preparation of slides)	LL JT	1 day			
Attendance at Committee	LL JT	1 day 1 day			
Total per person and grand total					

*This should be the time for getting into the problem i.e. reading TAR and submission models, identifying appropriate models in this case.
** To be completed by administrator based on cost per day for personnel involved.

Decision Support Unit Project Plan				
DSU Project number				
DSU Project leader				
Project Phase	**Task**	**Person**	**Time period**	**Completed**
Initiation and sign-off	Initiation 11.08.08 Sign- off 19.08.08	NICE/LL	19.08.08	
Development and Analysis	Review of effectiveness data	KA	19.08.08 – 31.08.08	
	Review of model amendments	JT	19.08.08 – 31.08.08	
	Review of 'blended' comparison, patient access programme and overall changes	LL	19.08.08 – 31.08.08	
Report Writing	Draft report	LL	19.08.08 – 02.09.08	
	Sent to peer review	LL	02.09.08 - 04.09.08	
	Comments on peer reviewed version	SP	04.09.08	
	Final draft report to NICE	LL	04.09.08 4pm	
	Comments from NICE	NICE	05.09.08 4pm	
	Final report to NICE	LL	08.09.08	
Presentation	Teleconference	ALL	16.09.08 3pm	
	Attendance at Committee Meeting	LL & JT	18.09.08	

Approval of DSU specification form

DSU director Date

APD director Date