NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Proposed Health Technology Appraisal

Liposomal cisplatin in combination with gemcitabine for previously untreated locally advanced or metastatic pancreatic cancer

Draft scope (pre-referral)

Draft remit/appraisal objective

To appraise the clinical and cost effectiveness of liposomal cisplatin in combination with gemcitabine within its licensed indication for previously untreated locally advanced or metastatic pancreatic cancer.

Background

Pancreatic cancer often has no symptoms until the advanced stages of the disease; therefore curative surgery is often not possible by the time the condition has been diagnosed. Surgery is only suitable for 10–20% of people diagnosed with pancreatic cancer. Consequently, people with locally advanced or metastatic disease (where the cancer has spread to other parts of the body) may be offered chemotherapy, radiotherapy or palliative surgery to help control tumour growth and symptoms. These may be given alone or in combination with each other.

In 2010 there were 7058 new diagnoses of pancreatic cancer in England. Pancreatic cancer can occur at any age, but tends to affect people aged over 50 years, and is rare among younger people. Around 75% of people diagnosed with pancreatic cancer are aged 65 years or over. There were around 6600 deaths because of pancreatic cancer in 2010 in England. This high mortality rate is partly because of the high incidence of metastatic disease at diagnosis and the length of time between diagnosis and death is typically less than 6 months. Data for people diagnosed in England in 2005–2009 show that less than 20% survive beyond 12 months and less than 4% survive to 5 years.

NICE technology appraisal guidance No. 25 recommends gemcitabine as a first-line treatment for people with advanced or metastatic pancreatic cancer if they have a Karnofsky performance score of 50 or more and if surgery is not suitable. In clinical practice, capecitabine is often used off-label in combination with gemcitabine. Oxaliplatin in combination with irinotecan, fluorouracil and folinic acid (FOLFIRINOX) is also used off-label for treating metastatic pancreatic cancer.

The technology

Liposomal cisplatin (Lipoplatin, Regulon) is a new formulation of cisplatin that targets and fuses with human tumour cells allowing for the specific delivery of the cytotoxic drug directly into cancer cells. This reduces the toxicity of

cisplatin. In addition, the liposome coating can help the drug to evade the immune system. Liposomal cisplatin is administered by intravenous infusion.

Liposomal cisplatin does not currently have a UK marketing authorisation for treating pancreatic cancer. It has been studied in clinical trials in combination with gemcitabine compared with placebo plus gemcitabine in adults with previously untreated locally advanced or metastatic pancreatic cancer.

Intervention(s)	Liposomal cisplatin in combination with gemcitabine
Population(s)	Adults with previously untreated locally advanced or metastatic pancreatic cancer
Comparators	• Gemcitabine • Gemcitabine plus capecitabine • Oxaliplatin plus irinotecan, fluorouracil and leucovorin (FOLFIRINOX)
Outcomes	The outcome measures to be considered include: • overall survival • progression-free survival • time to tumour progression • 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.
Other considerations	Guidance will only be issued in accordance with the marketing authorisation or CE marking. Where the wording of the therapeutic indication does not include specific treatment combinations, guidance will be issued in the context of the evidence that has underpinned the marketing authorisation granted by the regulator.
Related NICE recommendations	Related Technology Appraisals:

and NICE Pathways	Technology Appraisal No. 25, May 2001, 'Guidance on the use of gemcitabine for the treatment of pancreatic cancer'. Guidance on static list. Technology appraisal in preparation, 'Paclitaxel formulated as albumin-bound nanoparticles in combination with gemcitabine for previously untreated advanced pancreatic cancer'. Earliest anticipated date of publication Jan 2015. Technology appraisal in preparation, 'Nimotuzumab for the first line treatment of metastatic pancreatic cancer'. Earliest anticipated date of publication Aug 2015. Suspended Technology Appraisal, 'Capecitabine for the treatment of advanced pancreatic cancer'. Suspended Technology Appraisal, 'Masitinib for the treatment of pancreatic cancer'. 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'. http://www.nice.org.uk/guidance/qualitystandards/qualitystandards.jsp Related NICE Pathways: NICE Pathway: Gastrointestinal cancers Pathway created: Nov 2013. http://pathways.nice.org.uk/pathways/gastrointestinal-cancers#
Related National Policy	National service framework: 'Improving outcomes: a strategy for cancer', Jan 2011. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/135516/dh_123394.pdf.pdf

Questions for consultation

Have all relevant comparators for liposomal cisplatin been included in the scope? Which treatments are considered to be established clinical practice in the NHS for previously untreated metastatic or locally advanced pancreatic cancer?

Are there any subgroups of people in whom liposomal cisplatin is expected to be more clinically effective and cost effective or other groups that should be examined separately?

Where do you consider liposomal cisplatin will fit into the existing NICE pathway, 'Gastrointestinal cancers'?

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 liposomal cisplatin 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 liposomal cisplatin 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 liposomal cisplatin 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. 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)