National Institute for Health and Care Excellence

Health Technology Evaluation

Rucaparib for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer (Review of TA611) [ID4069]

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
Appropriateness of an evaluation and proposed evaluation route	pharma&	pharma& agrees that a single technology appraisal is the correct route for evaluation of rucaparib.	Thank you for your comment. No action required.
Timing issues	pharma&	Due to the following patient related benefits of rucaparib, an access for physicians and patient would be relevant: • Rucaparib comprises favourable efficacy outcomes among all molecular subgroups as well as versatile drug performance in pivotal trials regardless of the biomarker status.[1] • [redacted] Weekly blood counts are not advised for patients treated with rucaparib. Complete blood count testing prior to starting treatment with rubraca, and monthly thereafter, is advised.[3]	Thank you for your comment. No action required.

Section	Stakeholder	Comments [sic]	Action

		• Due to the consistent and manageable safety profile of rucaparib[1] no starting dose adjustment is required for patients:
		  ○ with mild or moderate hepatic impairment[3]
		  ○ with mild or moderate renal impairment[3]
		• No adjustment is recommended to the starting dose for elderly patients (≥ 65 years of age)[3]
		• In case of adverse events during treatment, a flexible 3-step dose-reduction could be applied, whereby a two week pack size would allow flexibility dosing adaptation.[3]	

Comment 2: the draft scope

Section	Consultee/ Commentator	Comments [sic]	Action
Subgroups	pharma&	pharma& confirms BRCA mutated and non-BRCA mutated are the only relevant subgroups for this submission.	Thank you for your comment. No action required.
Economic analysis	pharma&	pharma& expects that rucaparib can be assessed against comparators using a cost comparison approach in both populations.	Thank you for your comment**.** Rucaparib has been selected to be appraised as a cost-comparison.
Equality	pharma&	No equality issues are envisaged from the proposed remit and scope.	Thank you for your comment. No action required.

Section	Consultee/ Commentator	Comments [sic]	Action
Questions for consultation	pharma&	*Where do you consider rucaparib will fit into the existing care pathway for relapsed platinum-sensitive epithelial ovarian, fallopian tube and peritoneal cancer*? • In the current clinical pathway of care for patients with relapsed, platinum sensitive ovarian, fallopian tube and peritoneal cancer in NHS England, maintenance treatment in the form of niraparib is available for all patients regardless of *BRCA* mutation status and maintenance treatment in the form of olaparib is available for patients with *BRCA* mutation.[4,5] Within this treatment setting rucaparib would provide an individual PARP inhibitor maintenance option with a different profile compared to other PARP inhibitor, thereby allowing clinicians to individualise patient therapy and select the most suitable PARP inhibitor.[3,6,7] *Do you consider that the use of rucaparib can result in any potential substantial health-related benefits that are unlikely to be included in the QALY calculation?* • Patients usually undergo several cycles of chemotherapy, with cumulative toxicity.[8,9] Postponing the patient related burden of chemotherapy side effects of a subsequent chemotherapy treatment regime in case of a relapse would be a substantial health-related benefit.[10] Thus, the extension of the CFI may give patients more time to recover from negative effects of previous chemotherapy and delay the onset of adverse events associated with future lines of treatment.[2] The median CFI was significantly longer in patients treated with rucaparib vs. placebo in the ITT population ([redacted] vs [redacted]), HRD population ([redacted] vs. [redacted]) and *BRCA*-mutated population ([redacted] vs. [redacted]); all p[redacted].[11]	Thank you for your comment. No action required.

Section	Consultee/ Commentator	Comments [sic]	Action
		• While a cost-comparison approach would account for the costs and resource use associated with frequent monitoring, the patient burden (i.e., time spent travelling to and from clinics and time spent waiting at home for monitoring visits) would not be captured. Please identify the nature of the data which you understand to be available to enable the committee to take account of these benefits. • CFI outcomes for rucaparib will be sourced from ARIEL3 data[2] • A reduction in patient and caregiver burden associated with travelling to clinics and waiting for monitoring visits is inferred from the lack of weekly blood counts required for patients treated with rucaparib.[3] **References** 1. Coleman RL, Oza AM, Lorusso D, et al. Rucaparib maintenance treatment for recurrent ovarian carcinoma after response to platinum therapy (ARIEL3): a randomised, double-blind, placebo-controlled, phase 3 trial. *Lancet (London, England).* 2017;390(10106):1949-1961. 2. Ledermann JA, Oza AM, Lorusso D, et al. Rucaparib for patients with platinum-sensitive, recurrent ovarian carcinoma (ARIEL3): post-progression outcomes and updated safety results from a randomised, placebo-controlled, phase 3 trial. *The Lancet Oncology*. 2020;21(5):710-722. 3. European Medicines Agency. Rucaparib (Rubraca): Summary of Product Characteristics. https://www.ema.europa.eu/en/documents/product-information/rubraca-epar-product-information_en.pdf 4. National Institute of Health and Care Excellence. TA784 - Niraparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer. 2022.	

Section	Consultee/ Commentator	Comments [sic]	Action
		5. National Institute of Health and Care Excellence. TA908 - Olaparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube or peritoneal cancer after 2 or more courses of platinum-based chemotherapy. 2023. 6. Bao S, Yue Y, Hua Y, et al. Safety profile of poly (ADP-ribose) polymerase (PARP) inhibitors in cancer: a network meta-analysis of randomized controlled trials. *Ann Transl Med.* 2021;9(15):1229. 7. Tian X, Chen L, Gai D, He S, Jiang X, Zhang N. Adverse Event Profiles of PARP Inhibitors: Analysis of Spontaneous Reports Submitted to FAERS. *Front Pharmacol.* 2022;13:851246. 8. Hanker LC, Loibl S, Burchardi N, et al. The impact of second to sixth line therapy on survival of relapsed ovarian cancer after primary taxane/platinum-based therapy. *Annals of oncology : official journal of the European Society for Medical Oncology.* 2012;23(10):2605-2612. 9. Jelovac D, Armstrong DK. Recent progress in the diagnosis and treatment of ovarian cancer. *CA Cancer J Clin.* 2011;61(3):183-203. 10. Sutton C, Zhang Y, Kim D, et al. Analysis of the Chemotherapy-Free Interval following Image-Guided Ablation in Sarcoma Patients. *Sarcoma.* 2020;2020:3852420. 11. pharmaand GmbH *Data on File.* (Clovis Oncology. Inc.) *Addendum Clinical Study Report: Study CO-338-014 (ARIEL3). Supplemental Reporting of Final Long-term Follow-up Analyses for Overall Survival, Other Long-term Follow-up Endpoints, and Safety.* 2023.	

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

OVACOME
AstraZeneca
GSK