

Addendum to the pre-meeting briefing: end of life – a quantitative exploration

Lenalidomide for multiple myeloma in people who have received at least one prior therapy

Table 1 below explores the following from the ‘appraising life-extending, end of life treatments’ supplementary advice to the Appraisal Committee:

- “The impact of giving greater weight to QALYs achieved in the later stages of terminal diseases, using the assumption that the extended survival period is experienced at the full quality of life anticipated for a healthy individual of the same age.”
- “The magnitude of the additional weight that would need to be assigned to the QALY benefits in this patient group for the cost-effectiveness of the technology to fall within the current threshold range”.

Table 1: Quantitative exploration of QALY gains from the December ERG model with a price cap at two years¹

Scenarios	Incremental costs (£)	Incremental life-year gained	Incremental QALYs (original)	ICER (original, £/QALY)	Incremental QALYs (max)*	ICER (max QALY)	Relative Weights			
							Original QALY		Max QALY	
							20000	30000	20000	30000
>1 prior therapy with modeled dexamethasone survival curve fitted to either median or mean of MRC data										
Fitted to median	56,170	2.78	1.86	30,200	2.25	24,964	1.51	1.01	1.25	0.83
Fitted to mean	54,291	1.81	1.24	43,800	1.47	36,932	2.19	1.46	1.87	1.23
>1 prior therapy including prior thalidomide with modeled dexamethasone survival curve fitted to either median or mean of MRC data										
Fitted to median	49,275	2.55	1.7	29,100	2.07	23,804	1.46	0.97	1.19	0.79
Fitted to mean	47,531	1.71	1.15	41,300	1.39	34,195	2.07	1.38	1.7	1.14
*Assuming a health related quality of life of 0.81 for a healthy individual in this population based on van Agthoven and colleagues (2004)										

¹ Based on data from “Hoyle M, Rogers G, Garside R et al, The clinical and cost-effectiveness of lenalidomide for multiple myeloma in people who have received at least one prior therapy: an evidence review of the submission from Celgene: Addendum to the report submitted on 1st September 2008.” Calculations by the technical team at the National Institute for Health and Clinical Excellence 5 January 2009.