NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Review Proposal Project (RPP) decision paper

Review of TA192; Gefitinib for the treatment of non-small cell lung cancer (first line), TA258; Erlotinib for the first-line treatment of locally advanced or metastatic EGFR-TK mutation-positive non-small-cell lung cancer and TA310; Afatinib for treating epidermal growth factor receptor mutation-positive locally advanced or metastatic non-small-cell lung cancer

Final recommendation post consultation
TA258 and TA192 should remain on the static list and TA310 should be transferred to the 'static guidance list'. All three topics can then be incorporated into the forthcoming clinical guideline for the diagnosis and management of lung cancer.

1. Background

This guidance was issued in July 2010 (TA192), June 2012 (TA258) and April 2014 (TA310).

At the Guidance Executive meeting of 30 January 2018 it was agreed that we would consult on the recommendations made in the GE proposal paper. A four week consultation has been conducted with consultees and commentators and the responses are presented below.

2. Proposal put to consultees and commentators

We propose that TA258 and TA192 should remain on the static list and TA310 should be transferred to the 'static guidance list'. All three topics can then be incorporated into the forthcoming clinical guideline for the diagnosis and management of lung cancer.

3. Rationale for selecting this proposal

There are currently 3 related technology appraisals (TA192, TA258 and TA310) that assess first line treatment for epidermal growth factor receptor (EGFR) mutation-positive locally advanced or metastatic non-small-cell lung cancer (NSCLC). There had previously been no direct evidence from head to head trials for erlotinib, gefitinib and afatinib. In the most recent appraisal (TA310) the committee acknowledged the importance of results from the on-going LUX-LUNG 7 trial that directly compares afatinib with gefitinib. The older appraisals (TA192 and TA258) did not include results from any of the relevant LUX-LUNG trials and assumed erlotinib and gefitinib had similar clinical benefit.

The companies have confirmed that no changes are anticipated in marketing authorisations or costs. The results from the LUX-LUNG 7 trial are now available comparing the clinical effectiveness of afatinib with gefitinib which would allow a differentiation between 2 of the currently recommended drugs. However, an MTA review of these 3 drugs is not warranted because erlotinib can still not be directly compared with the other 2 drugs, and because we expect that clinicians will be able to base their treatment decisions on the latest available clinical evidence.

4. Summary of consultee and commentator responses

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.

Respondent: Royal College of Physicians **Response to proposal:** no comment	**Comment from Technology Appraisals** Thank you.

Respondent: Boehringer Ingelheim Ltd **Response to proposal:** Agree We welcome the proposal from NICE that: "…TA310 should move to the static list. All three appraisals should also be incorporated into the forthcoming clinical guideline, which is due to be published in March 2019" and look forward to engaging as required in the forthcoming clinical guidance update. One comment on Appendix B: On page # 1 (of 12), under section "2. Rationale", in the first paragraph, there is this sentence: "There had been no direct evidence from head to head trials for erlotinib, gefitinib and afatinib so far." The text then includes mention of LUX-Lung-7 as well as ther results being available. We'd request for clarity there that LUX-LUNG-7 full results are now published.	**Comment from Technology Appraisals** Thank you, the rationale section has been amended to clarify that direct head-to-head evidence had not previously been available.

Paper signed off by: **Frances Sutcliffe, 23/03/2018**

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