NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

GUIDANCE EXECUTIVE (GE)

Consideration of consultation responses on review proposal

Review of TA86; Imatinib for gastrointestinal stromal tumours, and TA209; Imatinib for the treatment of unresectable and/or metastatic gastrointestinal stromal tumours

TA86 was issued in October 2004.

TA209 was issued in November 2010 with a review date of August 2013.

Background

At the GE meeting of 13 August 2013 it was agreed we would consult on the review plans for this guidance. A four week consultation has been conducted with consultees and commentators and the responses are presented below.

Proposal put to consultees:	The guidance should be transferred to the 'static guidance list'.
Rationale for selecting this proposal	The new evidence on the clinical effectiveness of starting therapy with imatinib at 800 mg/day showed no statistically significant difference in overall survival and the best overall response was nearly identical in the 400 and 800 mg/kg groups. Limited evidence suggests that PET scanning could provide early information on disease response to imatinib, but this is unlikely to affect the recommendations. There is some new evidence that measuring imatinib plasma concentrations to individualise imatinib therapy may optimise long-term outcomes but further studies would be needed to establish an efficient testing programme as well as the cost effectiveness of such a programme. Therefore, the new evidence does not warrant a review of NICE technology appraisal guidance 86 or 209, and we are not aware that studies are ongoing that would change this view in the near future.

GE is asked to consider the original proposal in the light of the comments received from consultees and commentators, together with any responses from the appraisal team. It is asked to agree on the final course of action for the review.

Recommendation post consultation:	The guidance should be transferred to the 'static guidance list'.

Respondent	**Response to proposal**	**Details**	**Comment from Technology Appraisals**
Pfizer	No objection	Pfizer has no objection to the approach the Institute plans to take that these should move to the static list of technology appraisals.	Response noted.
Royal College of Pathologists	No objection	The Royal College of Pathologists has reviewed the documents and does not know of any reason to disagree with the NICE proposal to move the guidance to the static guidance list. The only concern to be raised by the College's specialist adviser is that there has long been evidence from small studies that mutational analysis predicts response to both agents, so it may possible there is new evidence which would support a patient-specific approach to treatment. The document suggests not. Partly for this reason, and in any event, the College would advise NICE to ensure that the oncologists have been consulted pro-actively as they will be the most knowledgeable about the latest research findings	Response noted. The literature search for this review identified review articles, but not studies, on the use of mutational analysis to predict individual response to imatinib treatment. Professional and research groups, including those working in the therapy area of oncology, have been consulted on NICE's review proposal.

Respondent	Response to proposal	Details	Comment from Technology Appraisals
		and their possible relevance to this discussion.	
Sarcoma UK	Agree	Sarcoma UK is happy to consent to the proposal to move TA86 and TA209 to the Static List. We are not aware of any evidence recently published, or about to be published which would affect this decision. With regard to TA86 we would comment that the patent for imatinibmesylate (Glivec from Novartis) is shortly to expire and we are aware of four generic versions of the agent either already given marketing authorisation by EMA, or about to be. There will undoubtedly be others. Indications of a UK price for off-patent versions are not yet available but in markets where generic versions are being marketed the cost is around £330 for a 30-day supply of 400mg tablets – approx. 15% of the NHS price. With regard to TA209 we repeat our regrets that NICE has been unable to appraise the value of the escalated dose (800mg/d) for patients with Exon9 mutations. We understand the procedural reasons for this omission but continue to regret it. Prospective studies are impossible and case series continue to show the value of this dose for this tiny group of patients. Its use almost everywhere other than the UK is now unquestioned clinically.	Response noted. In TA86 and TA209, the Committee made its recommendations based on the original price of imatinib. The reduced price of imatinib following patent expiry would improve the cost effectiveness of treatment. This would therefore not affect the Committee's recommendations in TA86. The recommendations in TA209 would also remain unaffected because there was no sufficient evidence to demonstrate that imatinib at an increased dose (600 or 800 mg/day) was more clinically effective than the 400 mg/day dose. In TA209, the Committee concluded that there was not sufficient evidence to justify a separate recommendation for the use of 600 or 800 mg/day imatinib for people with exon 9 mutations whose disease had progressed on imatinib 400 mg/day. The literature search for this review did not identify any new studies in patients with exon 9 mutations.

Respondent	Response to proposal	Details	Comment from Technology Appraisals
		Regrettably Novartis have admitted that they did not seek a licence extension, assuming that healthcare bodies would accept that the existing authorisation would include this group of patients. Fortunately in England the Cancer Drugs Fund is accepting these patients.	
Royal College of Nursing	No comment	The Royal College of Nursing have no comments to submit to inform on the above review proposal.	Response noted.
Medicines and Healthcare Products Regulatory Agency	Agree	We are content with NICE proposal to move the guidance to the static list.	Response noted.
Novartis	Agree	Novartis is in agreement with the proposal to move the appraisal(s) to the static list.	Response noted.

No response received from:

<u>Patient/carer groups</u> • Afiya Trust • Beating Bowel Cancer • Black Health Agency • Bowel Cancer Information (Formerly Lynn's Bowel Cancer Campaign) • Bowel Cancer UK	<u>General</u> • Allied Health Professionals Federation • Board of Community Health Councils in Wales • British National Formulary • Care Quality Commission • Commissioning Support Appraisals Service • Department of Health, Social Services and Public Safety for

- Cancer52
- Cancer Black Care
- Cancer Equality
- Equalities National Council
- GIST Support UK
- Helen Rollason Cancer Charity
- Independent Age
- Independent Cancer Patients' Voice
- Macmillan Cancer Support
- Maggie's Centres
- Marie Curie Cancer Care
- Muslim Council of Britain
- Muslim Health Network
- Ochre
- Oesophageal Patients Association
- Rarer Cancers Foundation
- South Asian Health Foundation
- Specialised Healthcare Alliance
- Tenovus

<u>Professional groups</u>

- Association of Cancer Physicians
- British Association for Services to the Elderly
- British Geriatrics Society
- British Institute of Radiology
- British Psychosocial Oncology Society (BPOS)
- British Society of Gastroenterology
- Cancer Network Pharmacists Forum
- Cancer Research UK
- Royal College of General Practitioners
- Northern Ireland
- Healthcare Improvement Scotland
- National Association of Primary Care
- National Pharmacy Association
- NHS Alliance
- NHS Commercial Medicines Unit
- NHS Confederation
- Scottish Medicines Consortium

<u>Relevant research groups</u>

- CORE- Digestive Disorders Foundation
- Cochrane Upper Gastrointestinal and Pancreatic Diseases Group
- Health Research Authority
- Institute of Cancer Research
- MRC Clinical Trials Unit
- National Cancer Research Institute
- National Cancer Research Network
- National Institute for Health Research
- Research Institute for the Care of Older People

<u>Assessment Group</u>

- Assessment Group tbc
- National Institute for Health Research Health Technology Assessment Programme

<u>Associated Guideline Groups</u>

- National Clinical Guideline Centre
- National Collaborating Centre for Cancer

• Royal College of Physicians • Royal College of Radiologists • Royal Pharmaceutical Society • Royal Society of Medicine • Society and College of Radiographers • United Kingdom Clinical Pharmacy Association • United Kingdom Oncology Nursing Society <u>Others</u> • Department of Health • NHS England • NHS Northumberland CCG • NHS St Helens CCG • Welsh Government	<u>Associated Public Health Groups</u> • Public Health England • Public Health Wales NHS Trust

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