

National Institute for Health and Clinical Excellence

Bevacizumab in combination with oxaliplatin and either 5FU or capecitabine for the treatment of metastatic colorectal cancer

Comment 1: the draft remit

Section	Consultees	Comments	Action
Appropriateness	Beating Bowel Cancer	Beating Bowel Cancer feels it is most definitely appropriate to refer this topic to NICE for appraisal, in light of the enormity of bowel cancer prevalence in England and Wales and the number of patients who are diagnosed when the disease has reached advanced stages.	Comment noted. It was agreed at the scoping workshop that an appraisal of bevacizumab was appropriate.
	Cancer Network Pharmacists Forum	Agree.	Comment noted. It was agreed at the scoping workshop that an appraisal of bevacizumab was appropriate.
	Roche	Roche would like to request that this appraisal is scheduled for commencement at the earliest possible opportunity. The indication for appraisal is already licensed and at present there is no NHS use permitted of bevacizumab in colorectal cancer. We believe that this appraisal, should it produce positive guidance, will allow NHS colorectal cancer patients to be prescribed bevacizumab for the first time since UK launch in March 2005. In particular, since the licence amendment in January 2008 there is now, potentially, a cost effective option available for treating patients with bevacizumab. In the continued absence of NICE guidance for this indication, patients may be denied access to this treatment option.	Comment noted. Following the final referral from the Department of Health, the appraisal will be planned into the technology appraisal schedule to allow guidance to the NHS to be as timely as possible.
	Royal College of Physicians*	It is appropriate for this to be referred to NICE as the use of bevacizumab in combination chemotherapy regimens is of clinical value in management of advanced colorectal cancer and its lack of availability in the NHS is the subject of great concern to patients, media and clinicians.	Comment noted. It was agreed at the scoping workshop that an appraisal of bevacizumab was appropriate.
Wording	Beating Bowel Cancer	Yes, appropriate.	Comment noted, no action required.
	Cancer Network Pharmacists Forum	Agree.	Comment noted, no action required.

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	Roche	Agree.	Comment noted, no action required.
	Royal College of Physicians*	Agree.	Comment noted, no action required.
Timing Issues	Beating Bowel Cancer	Beating Bowel Cancer wishes this appraisal to be given the upmost priority. NHS patients in the UK continue to be the only patients in the EU denied access to biological agents outside of clinical trials. Additionally, as is being increasingly highlighted in the media, the ongoing 'postcode lottery' for bevacizumab means that it is essential to move forward with this appraisal rapidly to stop this inequity in access for patients across the country.	Comment noted. Following the final referral from the Department of Health, the appraisal will be planned into the technology appraisal schedule to allow guidance to the NHS to be as timely as possible.
	Cancer Network Pharmacists Forum	Drug licensed in this indication therefore urgent.	Comment noted. Following the final referral from the Department of Health, the appraisal will be planned into the technology appraisal schedule to allow guidance to the NHS to be as timely as possible.
	Roche	See above. Given that access to bevacizumab is currently limited to private practice only for colo rectal cancer patients in the UK, and that the licence was amended in January 2008, Roche would like to respectfully request that this appraisal should be scheduled as soon as possible. Roche would be able to submit evidence for consideration as part of this appraisal from DECEMBER 2008 onwards.	Comment noted. Following the final referral from the Department of Health, the appraisal will be planned into the technology appraisal schedule to allow guidance to the NHS to be as timely as possible.

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	Royal College of Physicians*	Urgent given the increasing disparity between provision of this technology throughout Western Europe and UK leading to grave concern among patients and clinicians. Increasing 'postcode' prescribing now in UK with different funding between PCTs.	Comment noted. Following the final referral from the Department of Health, the appraisal will be planned into the technology appraisal schedule to allow guidance to the NHS to be as timely as possible.
Additional comments on the draft remit	Beating Bowel Cancer	No comment.	Comment noted, no action required.
	Cancer Network Pharmacists Forum	No comment.	Comment noted, no action required.
	Roche	No comment.	Comment noted, no action required.
	Royal College of Physicians*	None.	Comment noted, no action required.

*On behalf of NCRN Colorectal Cancer Clinical Studies Group/Royal College of Physicians/Royal College of Radiologists/Association of Cancer Physicians/Joint Collegiate Council for Oncology

Comment 2: the draft scope

Section	Consultees	Comments	Action
Background information	Beating Bowel Cancer	No comment.	Comment noted, no action required.
	Cancer Network Pharmacists Forum	No comment.	Comment noted, no action required.
	Roche	No comments.	Comment noted, no action required.
	Royal College of Physicians*	Appropriate.	Comment noted, no action required.
The technology/ intervention	Beating Bowel Cancer	No comment.	Comment noted, no action required.
	Cancer Network Pharmacists Forum	No comment.	Comment noted, no action required.
	Roche	No comments.	Comment noted, no action required.
	Royal College of Physicians*	Appropriate.	Comment noted, no action required.
Population	Beating Bowel Cancer	No comment.	Comment noted, no action required.
	Cancer Network Pharmacists Forum	No comment.	Comment noted, no action required.
	Roche	No comments.	Comment noted, no action required.
	Royal College of Physicians*	Appropriate.	Comment noted, no action required.

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Comparators	Beating Bowel Cancer	No comment.	Comment noted, no action required.
	Cancer Network Pharmacists Forum	Yes both appropriate. Oxaliplatin containing regimen probably most frequently used in this setting.	Comment noted, no action required.
	Roche	In response to the question regarding the relevance of 5-FU / LV or oral analogues as comparators. There appears to have been a move towards the use of combination therapy in clinical practice. We consider that the remaining use of these "monotherapies" is limited to a patient population that is not suitable for oxaliplatin-based combination therapy. Hence these therapies are probably not relevant comparators.	Comment noted. It was agreed at the scoping workshop that 5-FU/LV or oral analogues should not be considered appropriate comparators.
	Royal College of Physicians*	Appropriate.	Comment noted, no action required.
Outcomes	Beating Bowel Cancer	We would particularly emphasise the importance of allowing all UK patients open access to proven and clinically effective treatment choices, which their European counterparts can currently access without having to endure the stress of applying to their local funding bodies. We would also like to see that the importance of patient quality of life is given the highest priority when measuring outcomes. Our own collection of patient stories and case studies will be an important reference.	Comment noted, no action required for the scope.
	Cancer Network Pharmacists Forum	No comment.	Comment noted, no action required.
	Roche	The evidence base is not sufficient to allow consideration of resection rates as an outcome. Therefore we suggest removing this from the list of outcomes to be considered.	It was agreed at the scoping workshop that resection rates of metastases should be removed from the list of outcomes in the scope.

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	Royal College of Physicians*	Appropriate.	Comment noted. It was agreed at the scoping workshop that resection rates of metastases should be removed from the list of outcomes in the scope.
Economic analysis	Beating Bowel Cancer	We do not believe that there should be a 'price' placed on the lives of patients, and that funding must be found in order to offer all advanced colorectal cancer patients the appropriate treatment for each individual in order to maximise length and quality of life.	Comment noted. The appraisal will be completed in accordance with NICE's published methods. This includes consideration of economic issues.
	Cancer Network Pharmacists Forum	No comment.	Comment noted, no action required.
	Roche	No comments.	Comment noted, no action required.
	Royal College of Physicians*	Appropriate though concerns remain about use of QALYS as appropriate measure of cost-effectiveness for cancer therapy.	Comment noted. The appraisal will be completed in accordance with NICE's published methods. This includes quantification of health benefits using QALYs.
Equality	Beating Bowel Cancer	No comment.	Comment noted, no action required.
	Cancer Network Pharmacists Forum	No comment.	Comment noted, no action required.
	Roche	No comment.	Comment noted, no action required.
	Royal College of Physicians*	None.	Comment noted, no action required.

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Other considerations	Beating Bowel Cancer	No comment.	Comment noted, no action required.
	Cancer Network Pharmacists Forum	If evidence allows, continuing bevacizumab beyond stopping cytotoxic chemotherapy due to adverse events or disease progression.	Comment noted, no action required.
	Roche	There is insufficient evidence to support evaluation of the patients for whom metastases may become resectable following chemotherapy. Therefore we suggest this is removed from the scope.	It was agreed at the scoping workshop that consideration of the subgroup of patients for whom metastases may become resectable would be removed from the scope.
	Royal College of Physicians*	None.	Comment noted, no action required.
Questions for consultation	Beating Bowel Cancer	No comment.	Comment noted, no action required.
	Cancer Network Pharmacists Forum	No, 5FU/FA should not be added to the list of comparators. STA most appropriate process.	Comment noted. It was agreed at the scoping workshop that 5-FU/LV or oral analogues should not be considered appropriate comparators. Comment noted. It was agreed at the scoping workshop that this appraisal should be completed using the STA process.
	Roche	The STA process is the most applicable for this appraisal.	Comment noted. It was agreed at the scoping workshop that this appraisal should be completed using the STA process.

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	Royal College of Physicians*	No comments - comparator and subgroups appropriate.	Comment noted. It was agreed at the scoping workshop that consideration of the subgroup of patients for whom metastases may become resectable would be removed from the scope.
Additional comments on the draft scope.	Beating Bowel Cancer	No comment.	Comment noted, no action required.
	Cancer Network Pharmacists Forum	No comment.	Comment noted, no action required.
	Roche	We would like to request as noted earlier that this appraisal is scheduled for commencement at the earliest possible opportunity. The indication for appraisal is already licensed and at present there is no NHS use permitted of bevacizumab in colorectal cancer.	Comment noted. Following the final referral from the Department of Health, the appraisal will be planned into the technology appraisal schedule to allow guidance to the NHS to be as timely as possible.
	Royal College of Physicians*	No comment.	Comment noted, no action required.

*On behalf of NCRN Colorectal Cancer Clinical Studies Group/Royal College of Physicians/Royal College of Radiologists/Association of Cancer Physicians/Joint Collegiate Council for Oncology

Comment 4: Regulatory issues

Section	Consultees	Comments	Action
Remit	Roche	The remit remains appropriately within the marketing authorisation.	Comment noted, no action required.
Current or proposed marketing authorisation	Roche	Current indications: Avastin (bevacizumab) in combination with fluoropyrimidine-based chemotherapy is indicated for treatment of patients with metastatic carcinoma of the colon or rectum. Avastin in combination with paclitaxel is indicated for first-line treatment of patients with metastatic breast cancer. Avastin, in addition to platinum-based chemotherapy, is indicated for first-line treatment of patients with unresectable advanced, metastatic or recurrent non-small cell lung cancer other than predominantly squamous cell histology. Avastin in combination with interferon alfa-2a is indicated for first line treatment of patients with advanced and/or metastatic renal cell cancer.	Comments noted, no action required.
	Roche	Planned indications: [REDACTED]	Comments noted, no action required.
	Roche	Target date for regulatory submission: [REDACTED]	Comments noted, no action required.
	Roche	Regulatory process: [REDACTED]	Comment noted, no action required.
	Roche	For each of the planned indications listed above, it is expected that CHMP positive opinion will be gained approximately [REDACTED] after regulatory submission.	Comment noted, no action required.
	Roche	It does not appear to be possible to highlight the commercial in confidence elements. Please note however that all regulatory data supplied above is commercial in confidence UNTIL marketing authorisation is granted for the respective indications.	Comment noted, no action required.

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

National Public Health Service Wales
NHS Quality Improvement Scotland
Research Institute for the Care of the Elderly
Royal College of Pathologists
Royal Pharmaceutical Society