NHS
Kensington and Chelsea

NHS Kensington and Chelsea response to NICE Appraisal Consultation Document: Bevacizumab in combination with a taxane for the first-line treatment of metastatic breast cancer

The PCT considers that the ACD raises significant legitimate areas of concern when considering the place of this technology in the first-line treatment of metastatic breast cancer:

- The evidence shows small significant improvements in progression-free survival
- There is no robust evidence to demonstrate that bevacizumab plus paclitaxel improves overall survival compared with weekly paclitaxel alone
- There are limitations to the quality of the research submitted, for example, one trial being unblinded and lacking a placebo group and another failing to collect information on treatments given after disease progression
- The ICER for bevacizumab plus paclitaxel versus weekly paclitaxel was likely to fall between £118k and £259k per QALY gained which far exceeds usual NICE thresholds for cost-effectiveness
- Although the manufacturer of bevacizumab proposed an economic model based on a patient access scheme this has yet to be approved by the Department of Health and thus analysis based on NHS list prices was considered most appropriate
- The use of this technology does not appear to fulfil the NICE criteria for being a life-extending, end-of-life treatment

The PCT would like to reiterate the following from our original Organisation Statement (Appendix I):

- *Should NICE approve this technology PCTs will be mandated to fund it. PCT resources are, on the whole, already fully committed and thus there will be an inevitable effect on funding other programmes of care. The funding would likely be obtained from the cancer services budget and thus other treatments and investment in palliative care services may be re-prioritised.*
  Of particular concern locally is the low uptake of breast screening. Investment in costly high tech interventions can squeeze preventive spend.

- *Increases in progression-free survival (PFS) have been seen with the combination technology. It is the view of NHS Kensington and Chelsea that evidence of improvements in PFS alone would not be sufficient to support funding of this technology. We anticipate that other PCTs would share this view.*

In conclusion, NHS Kensington and Chelsea supports the Committee's conclusion that bevacizumab in combination with a taxane as a first-line treatment for metastatic breast cancer is not a cost-effective use of NHS resources.

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