Professional organisation statement template

Thank you for agreeing to give us a statement on your organisation's view of the technology and the way it should be used in the NHS.

Healthcare professionals can provide a unique perspective on the technology within the context of current clinical practice which is not typically available from the published literature.

To help you in making your statement, we have provided a template. The questions are there as prompts to guide you. It is not essential that you answer all of them.

Please do not exceed the 8-page limit.

About you

Your name: [redacted]

Name of your organisation: NCRI/RCP/RCR/ACP/JCCO

Comments coordinated by [redacted]

Are you (tick all that apply):

- a specialist in the treatment of people with the condition for which NICE is considering this technology?
- a specialist in the clinical evidence base that is to support the technology (e.g. involved in clinical trials for the technology)?
- an employee of a healthcare professional organisation that represents clinicians treating the condition for which NICE is considering the technology? If so, what is your position in the organisation where appropriate (e.g. policy officer, trustee, member etc.)?
- other? (please specify)

What is the expected place of the technology in current practice?

Current practice for the majority of patients of good perfomance status with locally advanced and unresectable or metastatic renal cell carcinoma (mRCC) is treatment with the NICE approved agent sunitinib. There are no current NICE approved alternatives to this technology.

Sunitinib represented a major advance for the treatment of patients with mRCC however a number of patients do not tolerate the drug due to significant dose limiting side effects such as stomatitis, fatigue and skin toxicity[1].

Treatment in the UK is delivered by oncologists at secondary and tertiary referral centres. The professional opinion regarding current practice is that the new targeted agents represent a major step forward in the treatment of mRCC. There has been overwhelming clinical agreement on the use of current therapies with a consensus guideline published and supported by the vast majority of RCC specialists in the UK [2]. These guidelines made firm recommendations based upon level I evidence and were sent for wide consultation. For the first line treatment of mRCC, suntinib was advocated as well as other non-NICE approved technologies.

Pazopanib, the technology under assessment, would provide an alternative therapy to sunitinib.

The advantages and disadvantages of the technology

The technology, pazopanib, is comparable with sunitinib, a drug of the same class. Although the results of a head to head comparison are not yet available, the drugs appear similarly active when comparing the respective phase III data. The side effect profile of pazopanib appears partially different from sunitinib and it is therefore possible that individual patients who did not tolerate one drug may tolerate the other.

Pazopanib treatment will be administered using current clinical teams that are already dispensing and managing patients on suntinib and therefore represents no significant impact upon resources. The degree of monitoring is the same as that required of patients taking sunitinib.

Regarding rules for the use of pazopanib, it would reasonable to consider the drug for a similar patient population to that in the registration study - i.e. for the first or second line treatment of patients with advanced renal cell cancer and who fall into the good or intermediate MSKCC prognostic groups. These targeted treatments are given until progression.

Regarding the relevance of the registration study to the UK population – the endpoints of the study were clinically relevant and appropriate for the generalised UK population. Experience with other drugs of the same class is that the clinical benefit seen in the registration studies is similar to that obtained in the broader population. There is no reason to think that the same would not be true for pazopanib.

Progression free survival is a meaningful surrogate measure of outcome in advanced RCC and is widely accepted. It is the most relevant outcome measure in a patient population that has access to 2nd and 3rd line therapies.

Regarding the side effect profile of pazopanib, this appears to be broadly similar to equivalent agents of the same class. However the incidence of stomatitis appears significantly lower than that for suntinib and many patients appear to tolerate pazopanib well. It is possible that pazopanib has an improved side effect profile when compared to sunitinib – this is the subject of a current patient preference study.

In summary, patients currently only have access to a single NICE approved tyrosine kinase inhibitor for the treatment of advanced renal cell carcinoma. Approval of pazopanib would enable patient and physician choice and would potentially allow a group of patients who currently do not tolerate sunitinib to receive therapy with pazopanib. It would also introduce more competition into the market place.

Any additional sources of evidence

There are no additional sources of evidence that we would recommend.

Implementation issues

No additional resources required for implementation

[redacted]