NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

GUIDANCE EXECUTIVE (GE)

Review of TA235; Mifamurtide for the treatment of osteosarcoma

This guidance was issued in October 2011.

The review date for this guidance is November 2013.

1. Recommendation

TA235 should be transferred to the 'static guidance list.

That we consult on this proposal.

2. Original remit(s)

To appraise the clinical and cost effectiveness of mifamurtide within its licensed indications as an adjunct to multi-agent chemotherapy for the treatment of osteosarcoma.

3. Current guidance

1.1. Mifamurtide in combination with postoperative multi-agent chemotherapy is recommended within its licensed indication as an option for the treatment of high-grade resectable non-metastatic osteosarcoma after macroscopically complete surgical resection in children, adolescents and young adults and when mifamurtide is made available at a reduced cost to the NHS under the patient access scheme.

4. Rationale[1]

No evidence has been identified that would lead to a change in the recommendations of the original guidance. No relevant ongoing studies have been identified.

5. Implications for other guidance producing programmes

There is no proposed or ongoing guidance development that overlaps with this review proposal.

6. New evidence

The search strategy from the original assessment report was re-run on the Cochrane Library, Medline, Medline In-Process and Embase. References from September

[1] A list of the options for consideration, and the consequences of each option is provided in Appendix 1 at the end of this paper

2008 onwards were reviewed. Additional searches of clinical trials registries and other sources were also carried out. The results of the literature search are discussed in the 'Summary of evidence and implications for review' section below. See Appendix 2 for further details of ongoing and unpublished studies.

7. Summary of evidence and implications for review

The marketing authorisation for mifamurtide has not changed since the publication of the previous guidance. No new treatments have come to market since the publication of technology appraisal 235 (TA 235). No relevant clinical trials assessing the efficacy and safety of mifamurtide were identified in the literature searches, and the manufacturer highlighted that no new evidence for mifamurtide has been published since the publication of TA 235. Several review articles, and pharmacokinetic studies were identified but none assessed the efficacy of mifamurtide or other relevant treatments. One publication was identified that assessed the long-term budget impact of using mifamurtide in the UK.

The price of mifamurtide has not changed. The Patient Access Scheme agreed with the Department of Health continues to operate within the NHS.

No evidence has been identified that would lead to a change in the recommendations of the original guidance.

8. Implementation

A submission from Implementation is included in Appendix 3.

Prescribing of mifamurtide has increased since the publication of the original guidance in October 2011 (up to October 2012) and does not indicate that there is significant variation in practice.

9. Equality issues

In the original guidance, the Committee considered whether there were issues relating to equality to be taken into account in light of its duties under the equalities legislation. The Committee discussed comments made at the scoping stage. These included the observation that osteosarcoma mainly affects children, teenagers and young adults, and that osteosarcoma is a rare disease. The Committee considered that no different recommendations were made for the patient population within the licensed indication, that is, the recommendations are not based on age and do not vary according to the age of the patient. The Committee was therefore satisfied that there were no equalities issues relating to age in this appraisal and that the recommendations were consistent with NICE's obligations under the equalities legislation and the requirement for fairness.

GE paper sign off: Janet Robertson, Associate Director, October 2013

Contributors to this paper:

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Appendix 1 – explanation of options

When considering whether to review one of its Technology Appraisals NICE must select one of the options in the table below:

Options	**Consequence**	**Selected – 'Yes/No'**
A review of the guidance should be planned into the appraisal work programme.	A review of the appraisal will be planned into the NICE's work programme.	No
The decision to review the guidance should be deferred to [specify date or trial].	NICE will reconsider whether a review is necessary at the specified date.	No
A review of the guidance should be combined with a review of a related technology appraisal.	A review of the appraisal(s) will be planned into NICE's work programme as a Multiple Technology Appraisal, alongside the specified related technology.	No
A review of the guidance should be combined with a new technology appraisal that has recently been referred to NICE.	A review of the appraisal(s) will be planned into NICE's work programme as a Multiple Technology Appraisal, alongside the newly referred technology.	No
The guidance should be incorporated into an on-going clinical guideline.	The on-going guideline will include the recommendations of the technology appraisal. The technology appraisal will remain extant alongside the guideline. Normally it will also be recommended that the technology appraisal guidance is moved to the static list until such time as the clinical guideline is considered for review. This option has the effect of preserving the funding direction associated with a positive recommendation in a NICE technology appraisal.	No
The guidance should be updated in an on-going clinical guideline.	Responsibility for the updating the technology appraisal passes to the NICE Clinical Guidelines programme. Once the guideline is published the technology appraisal will be withdrawn. Note that this option does not preserve the funding direction associated with a positive recommendation in a NICE Technology Appraisal. However, if the recommendations are unchanged from the technology appraisal, the technology appraisal can be left in place (effectively the same as incorporation).	No

Options	Consequence	Selected – 'Yes/No'
The guidance should be transferred to the 'static guidance list'.	The guidance will remain in place, in its current form, unless NICE becomes aware of substantive information which would make it reconsider. Literature searches are carried out every 5 years to check whether any of the Appraisals on the static list should be flagged for review.	Yes

NICE would typically consider updating a technology appraisal in an ongoing guideline if the following criteria were met:

i. The technology falls within the scope of a clinical guideline (or public health guidance)

ii. There is no proposed change to an existing Patient Access Scheme or Flexible Pricing arrangement for the technology, or no new proposal(s) for such a scheme or arrangement

iii. There is no new evidence that is likely to lead to a significant change in the clinical and cost effectiveness of a treatment

iv. The treatment is well established and embedded in the NHS. Evidence that a treatment is not well established or embedded may include;

- Spending on a treatment for the indication which was the subject of the appraisal continues to rise
- There is evidence of unjustified variation across the country in access to a treatment
- There is plausible and verifiable information to suggest that the availability of the treatment is likely to suffer if the funding direction were removed
- The treatment is excluded from the Payment by Results tariff

v. Stakeholder opinion, expressed in response to review consultation, is broadly supportive of the proposal.

Appendix 2 – supporting information

Relevant Institute work

Published

Improving outcomes for people with sarcoma. Cancer service guidance CSGSarcoma. Issued: March 2006.

Details of changes to the indications of the technology

Indication considered in original appraisal	Proposed indication (for this appraisal)
Children, adolescents and young adults for the treatment of high-grade resectable non-metastatic osteosarcoma after macroscopically complete surgical resection.	Unchanged

Appendix 3 – Implementation submission

Review of NICE technology appraisal guidance No. 235; Mifamurtide for the treatment of osteosarcoma

Please contact Rebecca Braithwaite regarding any queries
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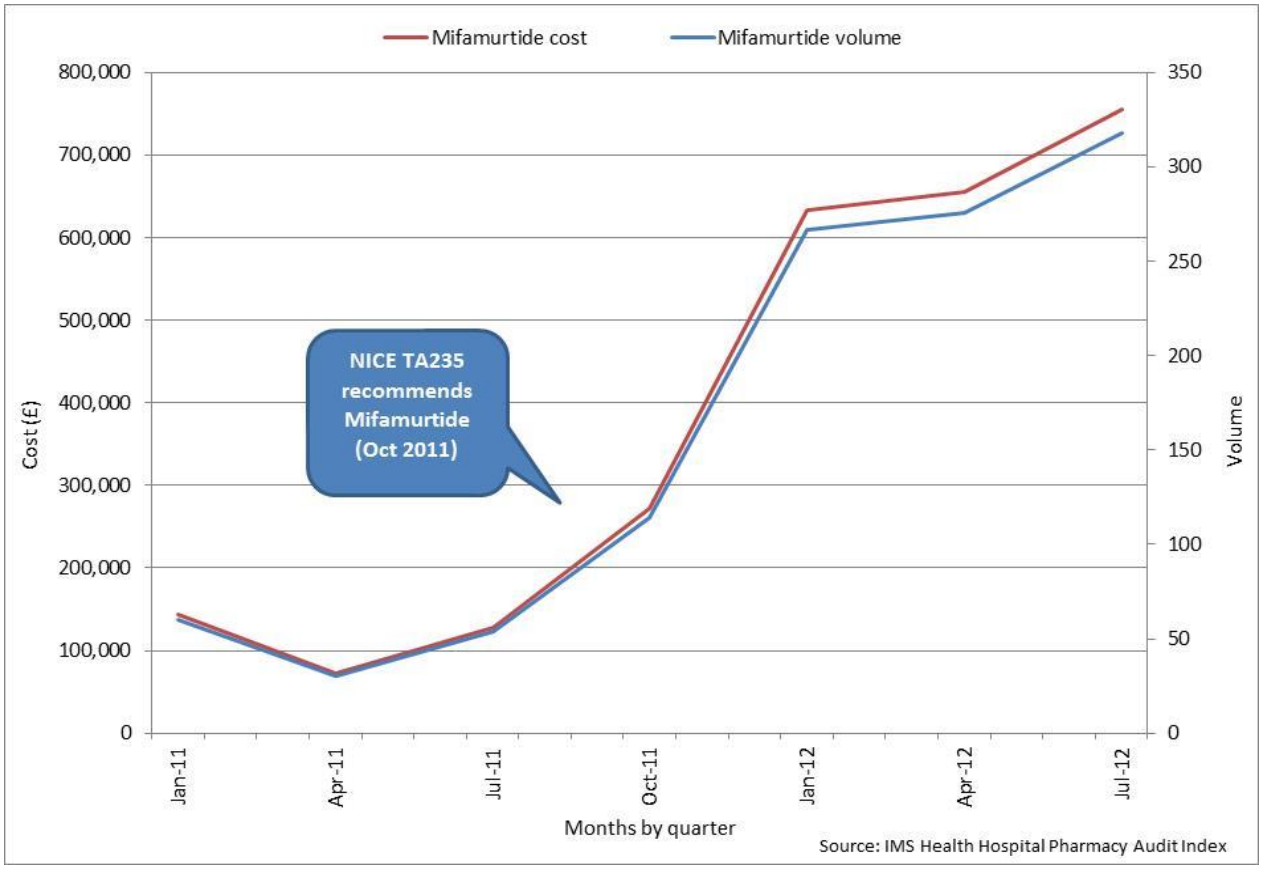
Contents

1. Routine healthcare activity data

1.1. Hospital Pharmacy Audit Index data

This section presents Hospital Pharmacy Audit Index data on the net ingredient cost and volume of Mifamurtide prescribed and dispensed in hospitals between January 2011 and October 2012 in England.

Figure 1 Cost and volume of Mifamurtide prescribed and dispensed in hospitals in England



2. Implementation studies from published literature

Information is taken from the uptake database website.

Nothing specific to add.

3. Qualitative input from the field team

The implementation field team have recorded the following feedback in relation to this guidance:

Nothing specific to add.

Appendix A: Healthcare activity data definitions

IMS HEALTH Hospital Pharmacy Audit Index

IMS HEALTH collects information from pharmacies in hospital trusts in the UK. The section of this database relating to England is available for monitoring the overall usage in drugs appraised by NICE. The IMS HPAI database is based on issues of medicines recorded on hospital pharmacy systems. Issues refer to all medicines supplied from hospital pharmacies: to wards; departments; clinics; theatres; satellite sites and to patients in outpatient clinics and on discharge.

Measures of prescribing

Volume: The HPAI database measures volume in packs and a drug may be available in different pack sizes and pack sizes can vary between medicines.

Cost: Estimated costs are also calculated by IMS using the drug tariff and other standard price lists. Many hospitals receive discounts from suppliers and this is not reflected in the estimated cost.

Costs based on the drug tariff provide a degree of standardization allowing comparisons of prescribing data from different sources to be made. The costs stated in this report do not represent the true price paid by the NHS on medicines. The estimated costs are used as a proxy for utilization and are not suitable for financial planning.

Data limitations

IMS HPAI data do not link to demographic or to diagnosis information on patients. Therefore, it cannot be used to provide prescribing information on age and sex or for prescribing of specific conditions where the same drug is licensed for more than one indication.