csas
Commissioning Support
Appraisals Service

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8th February 2012

National Institute for Health and Clinical Excellence

Dear Jeremy,

RE: Abiraterone for castration-resistant metastatic prostate cancer previously treated with a docetaxel-containing regimen

On behalf of the Commissioning Support, Appraisals Service (CSAS), Solutions for Public Health, I would like to submit our comments on the appraisal consultation document for abiraterone for castration-resistant metastatic prostate cancer previously treated with a docetaxel-containing regimen.

We are in agreement with the recommendations in the ACD to not to recommend abiraterone for this indication as on the basis of the evidence considered it is unlikely that this treatment can be considered cost effective in real life clinical practice.

- **The appraisal committee has provisionally concluded that abiraterone is not a cost effective use of NHS resources.**
- **The manufacturer's estimate may underestimate the true cost of abiraterone.** The appraisal committee concluded that the manufacturers ICER estimate of £63,200 per QALY was likely to underestimate the true cost because the economic model used to produce it included inappropriate values. The ICER figure of £63,200 includes an agreed patient access scheme involving a single confidential discount to the list price of abiraterone.
- **The appraisal committee concluded abiraterone was not licensed for a small population, and therefore, did not meet the full criteria for an end of life treatment.** The manufacturer estimated the eligible population to be 3,690 in 2012 increasing to 4,214 in 2016 for the indication currently under consideration but the committee heard this may be an underestimate. The committee also concluded that even if abiraterone did fulfill the end of life criteria the ICER per QALY would probably still be too high to justify use of limited NHS resources. Abiraterone is currently being considered by a separate NICE STA for the treatment of mCRPC in patients who have not previously received chemotherapy. This additional population should be considered when assessing the total number of people eligible to receive abiraterone in relation to this end of life criteria. Abiraterone is currently licensed for this indication so the Cancer Drugs Fund represents an additional funding source for the potential provision of this drug.
- **Using data supplied by the manufacturer, between six and seven (6.59) per 100,000 people are eligible for treatment with abiraterone annually for this indication at a cost of about £164,911.** These figures include the drug cost of abiraterone at £2,930/month (list price) with treatment lasting an average of 8 months and a one off monitoring cost of £1,587.72 per patient. The annual cost per patient for the drug and monitoring is £25,028. In 2013-16 the

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manufacturer predicts a small rise in the number of eligible patients to between 7 and 8 (7.32) per 100,000 people annually, giving a higher cost of approximately £183,200. These figures do not include the patient access scheme discount (redacted in the evaluation report) or the net budget impact of introducing abiraterone on existing treatments (estimated in the manufacturer's submission).

- **Evidence for clinical effectiveness is based on a single high-quality phase III RCT (COU-AA-301).** The primary outcome of this study was overall survival, the committee concluded this trial provided persuasive evidence that abiraterone offers a survival advantage to patients.
- **Abiraterone is clinically effective at extending overall survival, and survival free of disease progression, compared to a placebo.** Median overall survival was 15.8 months on abiraterone compared with 11.2 months on placebo; absolute difference 4.6 months; HR 0.74, 95%CI 0.64 to 0.86; median follow-up 20.2 months. Time to treatment discontinuation, a proxy measure of survival free of disease progression, was 8 months in those taking abiraterone compared with 4 months on placebo, an absolute difference of 4 months.
- **No robust evidence was available to compare the clinical effectiveness of abiraterone with its main clinical comparators mitoxantrone (rarely used in UK clinical practice) or best supportive care.**
- **The technology is considered safe and potential adverse reactions are generally manageable and reversible.** These include hypertension, hypokalaemia and fluid retention.
- **Abiraterone may offer a step change in treatment for patients because it is life-extending rather than simply palliative.**
- **The committee concluded the appraisal should refer to people rather than men because people, who have proposed, started or completed male to female gender reassignment can develop prostate cancer.** This is especially important to note as the cost per 100,000 figures above refer to people and not just men.

[redacted]

Yours sincerely

[redacted]

[redacted]