csas
Commissioning Support
Appraisals Service

NHS

[redacted]

10 January 2013

National Institute for Health and Clinical Excellence

Dear [redacted]

**RE: Bevacizumab in combination with paclitaxel and carboplatin for first-line treatment of advanced ovarian cancer**

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 Bevacizumab in combination with paclitaxel and carboplatin for first-line treatment of advanced ovarian cancer. We are in agreement with the recommendation in the ACD not to recommend bevacizumab for this indication as on the basis of the evidence considered it is unlikely that this treatment can be considered clinically and cost effective in real life clinical practice.

- **This technology is not a cost effective use of NHS resources.** The manufacturer's base-case ICER estimate was about £144,000 per QALY gained.
- **No overall survival benefit has been shown from adding the licensed dose of bevacizumab to carboplatin and paclitaxel.** The manufacturer suggested this may be due to patients in the pivotal GOG-0218 trial switching over from the control group to receive bevacizumab after disease progression. The Committee judged that the effect of bevacizumab on overall survival was uncertain, as it was not clear how many patients crossed over, and what impact this had on the survival analyses.
- **Adding bevacizumab to carboplatin and paclitaxel increases progression free survival (PFS) by 6 months.** This data came from the censored analysis of PFS from the GOG-0218 trial, which the Committee judged to be the most relevant to the UK.
- **Evidence on the effects of the licensed dose and treatment duration for bevacizumab come from one phase III trial (GOG-0218).** The Committee judged this trial to be well-designed. Similar results were found in a trial which used a lower unlicensed dose of bevacizumab for a shorter period of time (ICON-7).
- **There were no new safety concerns raised by the trial, and the side effects of adding bevacizumab were considered by the Committee to be acceptable and manageable.** Side effects that occurred in over 10% more people with add-on bevacizumab than with carboplatin and paclitaxel alone included: stomatitis, dysarthria, headache, epistaxis and hypertension. Grade 3-5 side effects at least 1% more common with add-on bevacizumab were: hypertension, gastrointestinal perforation and non-central nervous system bleeding.
- **The cost of adding bevacizumab is about £36,078 per patient.** This is based on a patient weighing 65kg receiving 15mg/kg bevacizumab every 3 weeks for 14 treatment cycles.

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- **In England and Wales the incremental cost of adding bevacizumab could be £28.3 million in year five after implementation.** This cost assumes about 2,089 women being eligible for bevacizumab and half of them receiving it in year five.

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