

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Single Technology Appraisal (STA)

Bevacizumab in combination with paclitaxel and carboplatin for the first-line treatment of ovarian cancer

Thank you for agreeing to give us your views on the technology and the way it should be used in the NHS.

Patients and patient advocates can provide a unique perspective on the technology, which is not typically available from the published literature.

To help you give your views, we have provided a template. The questions are there as prompts to guide you. You do not have to answer every question. Please do not exceed the 8-page limit.

About you

████████████████████

Name of your organisation: Target Ovarian Cancer

Are you (tick all that apply):

- an employee of a patient organisation that represents patients with the condition for which NICE is considering the technology? If so, give your position in the organisation where appropriate (e.g. policy officer, trustee, member, etc)

Public Affairs Manager

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What do patients and/or carers consider to be the advantages and disadvantages of the technology for the condition ?

1. Advantages

(a) Please list the specific aspect(s) of the condition that you expect the technology to help with. For each aspect you list please describe, if possible, what difference you expect the technology to make.

Three-quarters of women diagnosed with ovarian cancer have advanced disease (FIGO stage III/IV) at the point of diagnosis and the majority (70%) will develop recurrent disease at some point. Based on the clinical trial data available (ICON7 and GOG 218) biggest impact that bevacizumab is likely to have on women with ovarian cancer is extending progression free survival (PFS) i.e. the time interval between the end of first-line treatment and first recurrence, and possibly overall survival (OS) [ICON7 data only].

Improvements in both PFS and OS allow women valuable time to get back on track both emotionally and physically following their diagnosis and treatment.

(b) Please list any short-term and/or long-term benefits that patients expect to gain from using the technology. These might include the effect of the technology on:

Overwhelmingly women who we have spoken to with ovarian cancer who have received bevacizumab as part of their first-line treatment have been very positive about their treatment.

Benefits commonly identified by women include:

Quality of life – Target Ovarian Cancer knows through qualitative work that the period following the end of first-line treatment is vital; this is the time when women really come to terms with their diagnosis and start to regain a sense of normality. Any extension of the period before relapse is welcome as it allows the woman to perhaps deal with on-going emotional challenges, and resume elements of their life before diagnosis such as returning to work, and feel more in control.

Best possible care – often women are aware of the poor outcomes associated with ovarian cancer. All of the women we have spoken to felt that by accepting bevacizumab as part of their treatment plan, they were giving themselves the best possible chance of making a full recovery, or at least prolonging the disease free interval. These comments reflect findings from the Target Ovarian Cancer Pathfinder Study; our research demonstrates that the most important factors that influences a woman's decision regarding treatment, is the benefits in terms of overall survival (66%) or progression free survival (57%).

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Emotional/mental health – women have highlighted a number of emotional and psychological benefits of receiving bevacizumab in addition to their standard chemotherapy. All of the women we spoke to felt that they benefitted from regular appointments for their bevacizumab treatments after chemotherapy ended. These appointments brought them comfort and gave them a greater sense of confidence as and they felt that any medical problems would be picked up and acted upon quickly. Our research has demonstrated that the end of first-line treatment is a typically challenging time, after months of close contact with their medical team women often feel abandoned and cut off. Regular hospital appointments during the bevacizumab maintenance phase helped make the transition to cancer survivor easier. Women commented that they were able to recover from the side-effects of chemotherapy, and start to resume a sense of normality while still maintaining contact with the hospital and medical staff; they felt that this made the transition easier once the bevacizumab maintenance therapy ended.

Some women commented that having bevacizumab gave them a psychological boost, they felt like they were getting a ‘back up’ treatment or ‘added bonus’ in addition to their chemotherapy.

Choice – women welcome the opportunity to be involved in making decisions about the care and treatments they receive, and feel they are able to take some control at what is typically a very uncertain time for many women.

What do patients and/or carers consider to be the advantages and disadvantages of the technology for the condition? (continued)

2. Disadvantages

Overall the women we spoke to outline few disadvantages to receiving bevacizumab in addition to standard treatment. They felt any time or financial costs incurred as a result of on-going hospital visits were far outweighed by the potential and perceived benefits of receiving the treatment. One lady commented that her bevacizumab treatment was stopped after 10 cycles (6 plus chemotherapy, 4 maintenance cycles) due to side effects. The side-effects have since subsided, she still feels glad that she was able to receive bevacizumab as part of her treatment.

One lady commented that having a choice of treatments while positive, can for some feel like a great responsibility and pressure, especially at a time when you are feeling unwell and likely to be dealing with the emotional impact of your diagnosis. She felt that women need good support and guidance to help them make the right decision for them.

3. Are there differences in opinion between patients about the usefulness or otherwise of this technology? If so, please describe them.

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Not among the women we communicated with.

4. Are there any groups of patients who might benefit more from the technology than others? Are there any groups of patients who might benefit less from the technology than others?

Women with high risk ovarian cancer i.e. women who received de-bulking surgery, but still had residual disease measuring greater than 1cm.

We understand that preliminary overall survival data from the ICON 7 clinical trial indicates that bevacizumab confers highly significant overall survival advantage to women with high risk ovarian cancer.

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Comparing the technology with alternative available treatments or technologies

NICE is interested in your views on how the technology compares with existing treatments for this condition in the UK.

(i) Please list any current standard practice (alternatives if any) used in the UK.

Recommended standard first-line treatment for women with ovarian cancer is 6 cycles of a platinum drug (carboplatin or cisplatin) in combination with paclitaxel.

(ii) If you think that the new technology has any advantages for patients over other current standard practice, please describe them.

Including bevacizumab as part of standard first-line treatment will for some women prolong progression free survival and possibly overall survival.

(iii) If you think that the new technology has any disadvantages for patients compared with current standard practice, please describe them. Disadvantages might include:

The major disadvantage of including bevacizumab as part of standard first-line treatment is the potential for extending a) length of time women have to tolerate side effects and b) the potential range of side-effects profile. Bevacizumab has a unique side-effects profile compared to platinum drugs and paclitaxel.

Research evidence on patient or carer views of the technology

If you are familiar with the evidence base for the technology, please comment on whether patients' experience of using the technology as part of their routine NHS care reflects that observed under clinical trial conditions.

This technology has not been used routinely on the NHS.

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Are there any adverse effects that were not apparent in the clinical trials but have come to light since, during routine NHS care?

Not to our knowledge

Are you aware of any research carried out on patient or carer views of the condition or existing treatments that is relevant to an appraisal of this technology? If yes, please provide references to the relevant studies.

Target Ovarian Cancer Pathfinder Study, First Results June 2009

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Availability of this technology to patients in the NHS

What key differences, if any, would it make to patients and/or carers if this technology was made available on the NHS?

Data from both the GOG 218 and ICON7 clinical trials show a significant improvement in progression free survival when bevacizumab is given to patients as part of their first line treatment and continued as a maintenance therapy. This improvement in PFS is particularly significant from the patient perspective as women with ovarian cancer live with the constant threat of possible recurrence. Improving progression free survival gives women and their families much valued time to come to terms with the diagnosis, frees them from the side effects of chemotherapy, and helps them regain aspects of their 'normal' life before diagnosis.

What implications would it have for patients and/or carers if the technology was not made available to patients on the NHS?

Bevacizumab is the first new treatment to significantly improve outcome for women since the introduction of paclitaxel to standard treatment in the early 1990's. It is imperative that effective new treatments are made available.

Are there groups of patients that have difficulties using the technology?

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Equality

Are there any issues that require special attention in light of the NICE's duties to have due regard to the need to eliminate unlawful discrimination and promote equality and foster good relations between people with a characteristic protected by the equalities legislation and others?

Other Issues

Please include here any other issues you would like the Appraisal Committee to consider when appraising this technology.