Royal College of Physicians

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From The Registrar

Meindert Boysen
Programme Director, Centre for Health Technology Evaluation
NICE

18 October 2013

Dear Mr Boysen

Re: Multiple Technology appraisal - Topotecan, pegylated liposomal doxorubicin hydrochloride, paclitaxel, trabectedin and gemcitabine for treating recurrent ovarian cancer (including reviews of technology appraisal guidance 91 and 222) – Appraisal Consultation Document (ACD)

The Royal College of Physicians (RCP) plays a leading role in the delivery of high quality patient care by setting standards of medical practice and promoting clinical excellence. We provide physicians in the United Kingdom and overseas with education, training and support throughout their careers. As an independent body representing over 29,000 Fellows and Members worldwide, we advise and work with government, the public, patients and other professions to improve health and healthcare.

I write on behalf of the NCRI, the RCP, the RCR, the ACP and the JCCO who respond jointly to NICE with regard to oncology Technology Appraisals. We are grateful for the opportunity to respond to the above ACD and wish to make the following comments.

Our experts are very concerned about the new restrictions imposed by the ACD for topotecan, PLD, paclitaxel, trabectedin and gemcitabine for the treatment of recurrent ovarian cancer. In particular, we believe that the exclusion of carboplatin and gemcitabine as a treatment for platinum-sensitive recurrent ovarian cancer is a retrograde step. We feel it disregards the body of evidence supporting its benefit in this patient group and also fails to take account of the complex decision-making around the selection multiple lines of treatment often needed for these patients. As such, it is counter to internationally accept guidelines (NCCN, ESMO etc) for the management of recurrent ovarian cancer.

Clinical trials have shown that progression free survival is improved to a similar degree by all platinum combination therapies. None of the trials, other than carboplatin and paclitaxel led to an increase in overall survival. However, this survival benefit needs to be taken in the context of the timing of the trial, when little post progression therapy was available. Restricting the choice of drugs for patients with platinum-sensitive recurrence, particularly those relapsing 6-12 months after first-line platinum-paclitaxel will lessen therapeutic options for patients with recurrent ovarian cancer. It is particularly in this group of women where re-treatment with paclitaxel is avoided. Carboplatin and gemcitabine offers these women better treatment than single agent carboplatin without hair loss or re-activation of peripheral neuritis.

The ACD is unclear about the use of PLD in recurrent ovarian cancer. Recommendations about the combination of carboplatin and PLD are not given in the conclusions. There is clear evidence that this combination is beneficial in terms of progression-free survival. We would like to point out that the future of PLD supply is again uncertain, and it is likely that production will cease because the Ben Venue laboratories

are being closed by their owners, Boehringer Ingelheim. Without PLD, clinicians and patients would need to rely more, as they did before, on carboplatin and gemcitabine.

Overall, we see that this technology appraisal does not increase the options for therapy for patients with ovarian cancer. Instead, it would return the treatment options to conditions that are no better than when TA 91 and TA 222 were published. In fact, the situation is likely to be worse still; topotecan is no longer recommended and when PLD becomes unavailable the options for clinical practice in this country will revert to that of the mid 1990s. This would leave the UK out of step with the rest of the developed world and mean that clinicians will be unable to offer patients with recurrent ovarian cancer choice based on patient preference or toxicity profile, so reducing the number of lines of treatment available. The ability to offer multiple lines of therapy, particularly to those patients who continue to have platinum-sensitive recurrences has been a key reason for the increase in median survival seen in the UK over the last decade http://www.cancerresearchuk.org/cancer-info/cancerstats/types/ovary/survival/#Trends

We are therefore extremely concerned that increasing the restrictions to practice imposed by this guidance will reverse this trend.

Yours sincerely

[redacted]
Registrar