

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Proposed Health Technology Appraisal

Nintedanib for previously treated locally advanced or metastatic non-small cell lung cancer

Draft scope (pre-referral)

Draft remit/appraisal objective

To appraise the clinical and cost effectiveness of nintedanib within its licensed indication for previously treated locally advanced or metastatic non-small cell lung cancer.

Background

In England and Wales there were 35,406 people newly diagnosed with lung cancer and 29,914 deaths registered in 2010. Non-small cell lung cancer (NSCLC) accounts for approximately 78% of all lung cancers and can be further classified into 3 histological sub-types of large-cell undifferentiated carcinoma, squamous cell carcinoma and adenocarcinoma. The majority of lung cancers are diagnosed in the later stages of the disease, with 21% presenting with locally and regionally advanced disease (stage IIIB) and 48% presenting with advanced disease (stage IV) in which the cancer has spread to other parts of the body. For people presenting with NSCLC stage IIIB the 5-year survival rate is around 7 to 9%; for people presenting with NSCLC stage IV the 5-year survival rate varies from 2 to 13%.

For the majority of people with NSCLC, the aims of therapy are to prolong survival and improve quality of life. For people with locally advanced or metastatic NSCLC whose disease has progressed following prior chemotherapy, NICE clinical guideline 121 recommends docetaxel monotherapy if second-line therapy is considered appropriate. NICE technology appraisal 162 also recommends erlotinib as another second-line treatment option for NSCLC. Pemetrexed is not recommended for the treatment of locally advanced or metastatic NSCLC after prior chemotherapy (TA124). Best supportive care is considered for some people whose performance status means that they are unlikely to tolerate chemotherapy.

The technology

Nintedanib (Vargatef, Boehringer Ingelheim) is an inhibitor of the vascular endothelial growth factor receptor, the platelet-derived growth factor receptor and the fibroblast growth factor receptor. All 3 growth factors are involved in tumour vascularisation and inhibition of them may play a role in the prevention of tumour growth and spread. It is administered orally.

Nintedanib does not currently have a UK marketing authorisation for previously treated advanced or metastatic NSCLC. It has been studied in clinical trials in people with stage IIIB/IV or recurrent NSCLC in combination

with docetaxel compared with placebo plus docetaxel. It has also been studied in people with non-squamous stage IIIB/IV or recurrent NSCLC in combination with pemetrexed compared with placebo plus pemetrexed.

Intervention(s)	Nintedanib in combination with docetaxel
Population(s)	Previously treated adults with locally advanced or metastatic non-small cell lung cancer
Comparators	<ul style="list-style-type: none"> • erlotinib • docetaxel monotherapy • best supportive care
Outcomes	<p>The outcome measures to be considered include:</p> <ul style="list-style-type: none"> • overall survival • progression free survival • response rates • adverse effects of treatment • health-related quality of life
Economic analysis	<p>The reference case stipulates that the cost effectiveness of treatments should be expressed in terms of incremental cost per quality-adjusted life year.</p> <p>The reference case stipulates that the time horizon for estimating clinical and cost effectiveness should be sufficiently long to reflect any differences in costs or outcomes between the technologies being compared.</p> <p>Costs will be considered from an NHS and Personal Social Services perspective.</p> <p>The availability of any patient access schemes for the intervention or comparator technologies should be taken into account.</p>
Other considerations	Guidance will only be issued in accordance with the marketing authorisation.
Related NICE recommendations and NICE pathways	<p>Related Technology Appraisals:</p> <p>Technology Appraisal No. 162, Nov 2008, 'Erlotinib for the treatment of non-small cell lung cancer'. Currently being reviewed with TA175. Earliest anticipated date of publication Jun 2014.</p> <p>Technology Appraisal No. 124, Nov 2007, 'Pemetrexed for the treatment of non-small-cell lung cancer'.</p>

	<p>Guidance on static list.</p> <p>Terminated Technology Appraisal No. 175, Jul 2009, 'Gefitinib for the second-line treatment of locally advanced or metastatic non-small cell lung cancer.' Currently being reviewed with TA162. Earliest anticipated date of publication Jun 2014.</p> <p>Technology Appraisal in preparation, 'Erlotinib and gefitinib for treating non-small-cell lung cancer that has progressed following prior chemotherapy (Review of TA162 and TA175)'. Expected date of publication Jun 2014.</p> <p>Suspended Technology Appraisal, 'Erlotinib, in combination with bevacizumab for the maintenance treatment of non-squamous advanced or metastatic non-small-cell lung cancer after previous platinum-containing chemotherapy'.</p> <p>Suspended Technology Appraisal, 'Vandetanib for the second and subsequent line treatment of non-small-cell lung cancer after previous platinum containing chemotherapy'.</p> <p>Suspended Technology Appraisal, 'Cetuximab for the treatment of advanced non-small cell lung cancer'.</p> <p>Related Guidelines:</p> <p>Clinical Guideline No. 121, Apr 2011, 'The diagnosis and treatment of lung cancer' (replaces NICE clinical guideline 24).</p> <p>Related Quality Standards:</p> <p>Quality Standard No. 17, Mar 2012, 'Lung cancer for adults'.</p> <p>Related NICE Pathways:</p> <p>NICE Pathway: Lung cancer. Pathway created: Mar 2012. http://pathways.nice.org.uk/pathways/lung-cancer</p>
<p>Related NHS England policy</p>	<p>'Improving Outcomes: A Strategy for Cancer, first annual report, 2011', Dec 2011</p> <p>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/134668/dh_131787.pdf.pdf</p> <p>'Improving Outcomes: A Strategy for Cancer, second annual report, 2012', Mar 2013</p> <p>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/136551/Improving_outcomes_second_annual_report.pdf</p>

Questions for consultation

Is nintedanib likely to be used only in combination with docetaxel in clinical practice, or is monotherapy a possible treatment option?

Have all relevant comparators for nintedanib been specified in the scope?

- Which treatments are considered to be established clinical practice in the NHS for locally advanced or metastatic NSCLC?
- Should best supportive care be included as a comparator?

Are there any subgroups of people in whom nintedanib is expected to be more clinically effective and cost effective or other groups that should be examined separately?

NICE is committed to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relations between people with particular protected characteristics and others. Please let us know if you think that the proposed remit and scope may need changing in order to meet these aims. In particular, please tell us if the proposed remit and scope:

- could exclude from full consideration any people protected by the equality legislation who fall within the patient population for which nintedanib will be licensed;
- could lead to recommendations that have a different impact on people protected by the equality legislation than on the wider population, e.g. by making it more difficult in practice for a specific group to access the technology;
- could have any adverse impact on people with a particular disability or disabilities.

Please tell us what evidence should be obtained to enable the Committee to identify and consider such impacts.

Do you consider nintedanib to be innovative in its potential to make a significant and substantial impact on health-related benefits and how it might improve the way that current need is met (is this a 'step-change' in the management of locally advanced or metastatic non-small cell lung cancer)?

Do you consider that the use of nintedanib can result in any potential significant and substantial health-related benefits that are unlikely to be included in the QALY calculation?

Please identify the nature of the data which you understand to be available to enable the Appraisal Committee to take account of these benefits.

Where do you consider nintedanib will fit into the existing NICE pathway for lung cancer? <http://pathways.nice.org.uk/pathways/lung-cancer>

NICE intends to appraise nintedanib through its Single Technology Appraisal (STA) Process. We welcome comments on the appropriateness of appraising this topic through this process. (Information on the Institute's Technology Appraisal processes is available at:

http://www.nice.org.uk/aboutnice/howwework/devnicetech/technologyappraisalprocessguides/technology_appraisal_process_guides.jsp).

Subject to referral by the Department of Health, the invitation for participation in this technology appraisal is anticipated for after January 2014, when new arrangements for the pricing of pharmaceutical are expected to be in place. Consequences for this appraisal will be explored through further consultation on the scope pre-invitation.