

# Erlotinib and gefitinib for treating non-small-cell lung cancer that has progressed after prior chemotherapy

Information for the public

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[www.nice.org.uk](http://www.nice.org.uk)

## What has NICE said?

Erlotinib (Tarceva) is recommended as a possible treatment for people with locally advanced or metastatic non-small-cell lung cancer that has already been treated with non-targeted chemotherapy because of delayed confirmation of epidermal growth factor receptor tyrosine kinase (EGFR-TK) mutation status, if:

- their cancer tests positive for the EGFR-TK mutation or
- it is not known if the cancer is EGFR-TK mutation-positive because of problems with the test, and
  - the cancer is very likely to be EGFR-TK mutation-positive
  - it responds to the first 2 cycles of treatment with erlotinib.

Erlotinib is not recommended for treating locally advanced or metastatic non-small-cell lung cancer that doesn't test positive for the EGFR-TK mutation.

Gefitinib (Iressa) is not recommended for treating non-small-cell lung cancer that has progressed after chemotherapy.

## What does this mean for me?

If you have EGFR-TK positive or unknown non-small-cell lung cancer that has already been treated with non-targeted chemotherapy because of delayed confirmation of EGFR status, and your doctor thinks that erlotinib is the right treatment, you should be able to have the treatment on the NHS.

Erlotinib should be available on the NHS within 3 months of the guidance being issued.

If you are already taking erlotinib or gefitinib for non-small-cell lung cancer, that is not recommended above, you should be able to continue taking it until you and your doctor decide it is the right time to stop.

## Why has NICE said this?

NICE looks at how well treatments work in relation to how much they cost compared with other treatments available on the NHS.

Erlotinib was recommended because the benefits to patients with non-small-cell lung cancer, with EGFR status that is either positive or unknown, justify its cost.

Gefitinib was not recommended because it was not clear from the evidence whether the benefits to patients justify its cost.

## The condition and the treatments

Lung cancer is grouped into 2 main types depending on how it looks under the microscope: small-cell lung cancer and non-small-cell-lung cancer. There are 3 main types of non-small-cell lung cancer: squamous cell carcinoma, adenocarcinoma and large-cell carcinoma.

Locally advanced or metastatic cancer means that it has spread to surrounding tissues or to other parts of the body.

Cancer tissue can be tested to check whether the cells have epidermal growth factor receptor tyrosine kinase (EGFR-TK) mutations (changes). If they do, the cancer is 'EGFR-TK mutation-positive'. The EGFR-TK mutations make the cancer more likely to respond to drugs that block the EGFR (called EGFR-TK inhibitors).

Erlotinib (Tarceva) and gefitinib (Iressa) are EGFR-TK inhibitors.

[NHS Choices](#) may be a good place to find out more.

## Sources of advice and support

- British Lung Foundation, 0300 0030 555  
[www.blf.org.uk](http://www.blf.org.uk)
- Roy Castle Lung Cancer Foundation, 0333 323 7200  
[www.roycastle.org](http://www.roycastle.org)
- UK Lung Cancer Coalition, 01675 477 605  
[www.uklcc.org.uk](http://www.uklcc.org.uk)
- Macmillan Cancer Support, 0808 808 0000  
[www.macmillan.org.uk](http://www.macmillan.org.uk)
- Cancer Research UK Patient Information (previously CancerHelp UK), 0808 800 4040  
[www.cancerresearchuk.org/about-cancer](http://www.cancerresearchuk.org/about-cancer)

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## Accreditation

