NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Proposed Health Technology Appraisal

Ramucirumab for treating advanced gastric cancer or gastro-oesophageal junction adenocarcinoma previously treated with chemotherapy

Draft scope (pre-referral)

Draft remit/appraisal objective

To appraise the clinical and cost effectiveness of ramucirumab within its licensed indication for advanced gastric cancer or gastro-oesophageal junction adenocarcinoma previously treated with chemotherapy

Background

Gastric cancer is a malignant tumour arising from cells in the stomach. The most common type of gastric cancer is gastric or gastro-oesophageal junction adenocarcinoma, which affects about 95% of people with the disease. In 2011, 5681 people in England were diagnosed with gastric cancer and there were 3921 deaths from gastric cancer in England. About 80% of people have metastatic disease at diagnosis and the 5-year survival rate for this patient group is around 5%.

The aim of treatment in advanced gastric or gastro-oesophageal junction adenocarcinoma (that is, locally advanced unresectable or metastatic disease) is to prevent progression, extend survival and relieve symptoms with minimal adverse effects. There is no standard treatment for previously treated advanced disease: treatment options can include chemotherapy, radiotherapy and palliative surgery. Chemotherapy regimens that have been evaluated in clinical trials include irinotecan in combination with cisplatin or fluoropyrimidines, docetaxel (alone and in combination with oxaliplatin) and paclitaxel (alone and in combination with platinum agents).

The technology

Ramucirumab (Cyramza, Lilly) is a fully human IgG1 monoclonal antibody, which acts as a vascular endothelial growth factor receptor-2 (VEGFR-2) antagonist, which may prevent the formation of new blood vessels and thereby limit nutrient supply to the tumour causing death of tumour cells. Ramucirumab is administered intravenously.

Ramucirumab does not currently have a marketing authorisation in the UK for treating advanced gastric cancer or gastro-oesophageal junction adenocarcinoma. It has been studied as monotherapy compared with best supportive care, and in combination with paclitaxel compared with paclitaxel

alone, in people with advanced gastric or gastro-oesophageal junctional adenocarcinoma that has been previously treated with chemotherapy.

Intervention(s)	Ramucirumab alone or in combination with paclitaxel
Population(s)	Adults with advanced gastric cancer or gastro-oesophageal junction adenocarcinoma previously treated with chemotherapy
Comparators	• Docetaxel monotherapy • Irinotecan monotherapy • Paclitaxel monotherapy • Best supportive care
Outcomes	The outcome measures to be considered include: • overall survival • progression-free survival • response rate • adverse effects of treatment • health-related quality of life.
Economic analysis	The reference case stipulates that the cost effectiveness of treatments should be expressed in terms of incremental cost per quality-adjusted life year. 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. Costs will be considered from an NHS and Personal Social Services perspective.
Other considerations	Guidance will only be issued in accordance with the marketing authorisation (or CE marking if it is a device). Where the wording of the therapeutic indication does not include specific treatment combinations, guidance will be issued only in the context of the evidence that has underpinned the marketing authorisation granted by the regulator.
Related NICE recommendations and NICE	Related Technology Appraisals: Technology Appraisal No 208, Jul 2010, 'Trastuzumab

Pathways	for the treatment of HER2-positive metastatic gastric cancer'. Guidance on static list Technology Appraisal No 191, Jul 2010, 'Capecitabine for the treatment of advanced gastric cancer'. Guidance on static list Related NICE Pathways: NICE Pathway: Gastrointestinal Cancers, Pathway created: Nov 2013.
Related national policy	NHS Commissioning Board (2012) Manual for prescribed specialist services: 105 Specialist cancer services (adults) NHS England (May 2013) B11. Upper GI Surgery NHS England Cancer and Blood – Group B National Service Frameworks: Cancer Department of Health (2012) NHS Outcomes Framework 2013-2014 Department of Health (2011) Improving outcomes: a strategy for cancer Department of Health (2009) Cancer commissioning guidance Department of Health (2007) Cancer reform strategy

Questions for consultation

In clinical practice, will ramucirumab be given as a monotherapy or in combination with paclitaxel?

Which treatments are considered to be established clinical practice in the NHS for treating advanced gastric cancer or gastro-oesophageal junction adenocarcinoma previously treated with chemotherapy?

- Have all relevant comparators for ramucirumab been included in the scope?
- Would an original treatment regimen be used to re-challenge the disease if more than 6 months has passed since completing first-line treatment for advanced disease? If so, which treatment regimens would these be?
- Would taxanes or irinotecan be given as part of combination therapy for advanced disease previously treated with chemotherapy? If so, which combinations would be used?
- How should best supportive care be defined?

Are there any subgroups of people in whom ramucirumab (alone or in combination with paclitaxel) is expected to be more clinically effective and cost effective or other groups that should be examined separately?

Where do you consider ramucirumab will fit into the existing NICE pathway, 'Gastrointestinal cancers'?

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 ramucirumab 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 ramucirumab 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 the condition)?

Do you consider that the use of ramucirumab 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.

NICE intends to appraise this technology 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)