Necitumumab for untreated advanced, metastatic, squamous non-small-cell lung cancer

Second Appraisal Committee Meeting

29 June 2016

Necitumumab

- Marketing authorisation for previously untreated, locally advanced or metastatic, EGFR-expressing squamous NSCLC
- SQUIRE trial: necitumumab was associated with significant improvements in overall- and progression-free survival vs gemcitabine + cisplatin alone
  - ITT population: median OS improved by 1.6 months (HR 0.84)
  - Company also presented results for EGFR-expressing and Western European populations
- Economic model:
  - Company base case ICER (EGFR-expressing, Western Europe group): £57,725 per QALY gained
  - ERG exploratory ICER (EGFR-expressing, whole-trial group): £169,612 per QALY gained

EGFR, epidermal growth factor receptor; HR, hazard ratio; ICER, incremental cost-effectiveness ratio; NSCLC, non-small-cell lung cancer; OS, overall survival; QALY, quality-adjusted life year

Committee considerations and preliminary recommendations

- Squamous NSCLC causes distressing and debilitating symptoms, and few advances in 1st-line treatment for 20 years
- Necitumumab offers small but clinically important improvements in OS
- Most appropriate population for decision-making was the EGFR-expressing whole-trial group
- Economic model was appropriately structured, but the OS extrapolation (function and start point) was uncertain
  - Most plausible ICER was £110,000–£170,000 per QALY gained
- End-of-life criteria were not met: not sufficiently robust evidence that necitumumab extends life by >3 months
- Not suitable for Cancer Drugs Fund: no plausible potential to meet criteria for routine use, and no uncertainties that could be addressed with data collection

*Necitumumab was **not recommended***

NICE

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Consultation comments

- Comments received from Eli Lilly:
  - Disappointed that necitumumab is not recommended
  - Addition of necitumumab as an option would help to address a high unmet need for a relatively small population
  - Appraisal highlights the limitations of using cost per QALY
  - Pleased that committee acknowledged that SQUIRE was of good quality and that necitumumab is effective
- British Thoracic Oncology group and Department of Health stated that they had no comments on the ACD
- No other consultation comments received