Review proposal of TA423; Eribulin for treating locally advanced or metastatic breast cancer after 2 or more chemotherapy regimens

1. TA423 was published in December 2016 and scheduled to be considered for review in 2019.

Proposal / Decision

2. The guidance should be transferred to the ‘static guidance list’.

Rationale

3. TA423 includes an optimised recommendation for eribulin as a treatment option for people with locally advanced or metastatic breast cancer only if disease has progressed after at least 2 chemotherapy regimens (that is, as a third-line treatment option). The full marketing authorisation for eribulin also allows it to be used after at least 1 chemotherapy regimen (that is, as a second-line treatment option). This is covered in TA515 which does not recommend eribulin for people who have had only 1 chemotherapy regimen. Therefore, the focus of this review proposal is eribulin as a third-line treatment option.

4. In TA423 the committee’s preferred ICER for eribulin compared with treatment of physician's choice (TPC) was between the company’s base case ICER of £35,624 per QALY gained and the ERG’s revised analysis of £62,672 per QALY gained. However, it noted that the ERG’s assumptions were highly conservative and that if the costs of TPC were increased (to account for a higher use of gemcitabine and vinorelbine in clinical practice than that in the model) this would further reduce the ICER for eribulin compared with TPC. The end-of -life criteria were met, therefore the threshold to be considered a cost-effective use of NHS resources was £50,000 per QALY gained. The committee concluded that the most plausible ICER was likely to be lower than £50,000 per QALY gained.

5. In TA423 the main areas of uncertainty were around utility values after disease progression, the methods used to calculate dose and the costs of the comparator and subsequent treatment. No relevant new evidence has been identified from the literature searches and no new NICE guidance has been published specifically for third-line treatment of advanced or metastatic breast cancer.

6. Overall, no new evidence has been identified that is likely to change the existing recommendations in TA423 therefore it is proposed this guidance should be transferred to the ‘static guidance list’.

Summary of new evidence and implications for review

Has there been any change to the price of the technology(ies) since the guidance was published?

7. The company has confirmed that the discount for eribulin is still in place and this is not anticipated to change.

Are there any existing or proposed changes to the marketing authorisation that would affect the existing guidance?

8. The company has confirmed there are no anticipated changes to the marketing authorisation.

Were any uncertainties identified in the original guidance? Is there any new evidence that might address this?

9. In TA423 the main areas of uncertainty were around utility values after disease progression and the methods used to calculate dose, costs of the comparator and costs of subsequent treatment. No new relevant evidence has been identified from the literature searches and no new NICE guidance has been published for third-line treatment of advanced or metastatic breast cancer.

Are there any related pieces of NICE guidance relevant to this appraisal? If so, what implications might this have for the existing guidance?

10. None

Additional comments

11. The search strategy from the original ERG report was adapted for the Cochrane Library, Medline, Medline In-Process and Embase. References from 1st December 2015 to 4th September 2019 were reviewed. Additional searches of clinical trials registries and other sources were also carried out. The results of the literature search are discussed in the 'Summary of evidence and implications for review' section above. See Appendix C for further details of ongoing and unpublished studies.

Equality issues

12. No relevant equalities issues were identified during the development of the appraisal.

Proposal paper sign off

Nicole Elliott – Associate Director, Technology Appraisals and Highly Specialised Technologies – 17 October 2019

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Appendix A – Information from existing guidance

Original remit

13. To appraise the clinical and cost effectiveness of eribulin within its marketing authorisation for the treatment of people with breast cancer who have received one or more chemotherapy regimens for locally advanced or metastatic disease

Current guidance

14. Eribulin is recommended as an option for treating locally advanced or metastatic breast cancer in adults, only when:

    - it has progressed after at least 2 chemotherapy regimens (which may include an anthracycline or a taxane, and capecitabine)

    - the company provides eribulin with the discount agreed in the patient access scheme.

14.1 This guidance is not intended to affect the position of patients whose treatment with eribulin was started within the NHS before this guidance was published. Treatment of those patients may continue without change to whatever funding arrangements were in place for them before this guidance was published until they and their NHS clinician consider it appropriate to stop.

Research recommendations from original guidance

15. Not applicable.

Appendix B – Explanation of options

When considering whether to review one of its Technology Appraisals NICE must select one of the options in the table below:

Options	Consequence	Selected – 'Yes/No'
A review of the guidance should be planned into the appraisal work programme.	A review of the appraisal will be planned into the NICE's work programme.	No
The decision to review the guidance should be deferred.	NICE will reconsider whether a review is necessary at the specified date.	No
The guidance should be incorporated into an on-going clinical guideline.	The on-going guideline will include the recommendations of the technology appraisal. The technology appraisal will remain extant alongside the guideline. Normally it will also be recommended that the technology appraisal guidance is moved to the static list until such time as the clinical guideline is considered for review. This option has the effect of preserving the funding direction associated with a positive recommendation in a NICE technology appraisal.	No
The guidance should be updated in an on-going clinical guideline[1].	Responsibility for the updating the technology appraisal passes to the NICE Clinical Guidelines programme. Once the guideline is published the technology appraisal will be withdrawn. Note that this option does not preserve the funding direction associated with a positive recommendation in a NICE Technology Appraisal. However, if the recommendations are unchanged from the technology appraisal, the technology appraisal can be left in place (effectively the same as incorporation).	No

[1] Information on the criteria for NICE updating a technology appraisal in an ongoing clinical guideline can be found in section 6.20 of the guide to the processes of technology appraisal.

Options	Consequence	Selected – 'Yes/No'
The guidance should be transferred to the 'static guidance list'.	The guidance will remain in place, in its current form, unless NICE becomes aware of substantive information which would make it reconsider.	**Yes**
The guidance should be withdrawn	The guidance is no longer relevant and an update of the existing recommendations would not add value to the NHS. The guidance will be stood down and any funding direction associated with a positive recommendation will not be preserved.	No

Appendix C – Other relevant information

Relevant Institute work

Published

Advanced breast cancer: diagnosis and treatment (2009 updated 2017) NICE guideline CG81

Early and locally advanced breast cancer: diagnosis and management (2018) NICE guideline NG101

Ribociclib with fulvestrant for treating hormone receptor-positive, HER2-negative, advanced breast cancer (2019) NICE technology appraisal guidance 593

Abemaciclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy (2019) NICE technology appraisal guidance 579

Trastuzumab emtansine for treating HER2-positive advanced breast cancer after trastuzumab and a taxane (2017) NICE technology appraisal guidance 458

Everolimus with exemestane for treating advanced breast cancer after endocrine therapy (2016) NICE technology appraisal guidance 421

Fulvestrant for the treatment of locally advanced or metastatic breast cancer (2011) NICE technology appraisal guidance 239

Gemcitabine for the treatment of metastatic breast cancer(2007) NICE technology appraisal guidance 116

Guidance on the use of trastuzumab for the treatment of advanced breast cancer (2002) NICE technology appraisal guidance 34

In progress

Alpelisib in combination with fulvestrant for treating advanced hormone-receptor positive, HER2-negative, PIK3CA-positive breast cancer. NICE technology appraisal guidance. Publication expected: December 2020

Veliparib for treating HER2-negative, BRCA-positive breast cancer. NICE technology appraisal guidance. Publication date to be confirmed.

Taselisib for previously treated ER-positive, HER2-negative, PIK3CA-positive breast cancer in postmenopausal women. NICE technology appraisal guidance. Publication date to be confirmed.

Olaparib for treating BRCA 1 or 2 mutated metastatic breast cancer after prior chemotherapy. NICE technology appraisal guidance. Expected publication date: July 2020

Talazoparib for treating BRCA 1 or 2 mutated advanced breast cancer after prior chemotherapy. NICE technology appraisal guidance. Publication date to be confirmed.

Entinostat for treating hormone receptor-positive breast cancer after hormonal therapy. NICE technology appraisal guidance. Publication date to be confirmed.

Palbociclib in combination with fulvestrant for treating advanced, hormone-receptor positive, HER2-negative breast cancer after endocrine therapy. NICE technology appraisal guidance. Expected publication date: December 2019

Details of changes to the marketing authorisation for the technology

Marketing authorisation and price considered in original appraisal

16. Treatment of adult patients with locally advanced or metastatic breast cancer who have progressed after at least 2 chemotherapeutic regimens for advanced disease.

17. The list price of eribulin at the time was is £361.00 per 0.88 mg/2 ml solution for injection vial and £541.50 per 1.32 mg/3 ml solution for injection vial (excluding VAT). Eribulin was recommended with a discount in TA423 as part of a patient access scheme.

18. The full marketing authorisation for eribulin also covers people whose breast cancer has progressed after 1 chemotherapy regimen. NICE TA515 covers this population.

Proposed marketing authorisation (for this appraisal) and current price

19. No changes to the marketing authorisation that would be relevant to this appraisal. No changes to list price for the 0.88 mg/2 ml solution for injection vial. The 3ml solution is no longer available. No changes to the terms of the patient access scheme are anticipated.

Registered and unpublished trials

20. None