NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Technology Appraisals and Guidance Information Services

Static List Review (SLR)

Title and TA publication number of static topic:	TA55; Guidance on the use of paclitaxel in the treatment of ovarian cancer
Final decision:	The guidance will remain on the 'static guidance list'

1. Publication date:	January 2003
2. Date added to static list:	October 2009
3. Date the last searches were run:	June 2009
4. Current guidance:	1.1 It is recommended that paclitaxel in combination with a platinum-based compound or platinum-based therapy alone (cisplatin or carboplatin) are offered as alternatives for first-line chemotherapy (usually following surgery) in the treatment of ovarian cancer. 1.2 The choice of treatment for first-line chemotherapy for ovarian cancer should be made after discussion between the responsible clinician and the patient about the risks and benefits of the options available. In choosing between treatment with a platinum-based compound alone or paclitaxel in combination with a platinum-based compound, this discussion should cover the side-effect profiles of the alternative therapies, the stage of the woman's disease, the extent of surgical treatment of the tumour, and disease-related performance status.

	Recommendations 1.3, 1.4 and 1.5 have been updated and replaced by NICE technology appraisal guidance 91.
5. Research recommendations from original guidance:	6.1 Research would be beneficial to examine the following aspects of effectiveness and cost effectiveness of paclitaxel: whether paclitaxel/platinum combination therapy is of particular benefit to identifiable clinical sub-groups the optimal sequencing of paclitaxel therapy with other ovarian chemotherapy compounds – that is paclitaxel/ platinum combination vs platinum followed by paclitaxel in sequence.
6. Current cost of technology/ technologies:	Cost of currently available paclitaxel is £3,600 for six cycles (body surface area of 1.7m2). (Source: New Drugs Online, accessed 17/06/2015) Paclitaxel (Non-proprietary) Infusion, paclitaxel 6 mg/mL, net price 5-mL vial = £66.85, 16.7-mL vial = £200.35, 25-mL vial = £300.52, 50-mL vial = £601.03 (Source: eBNF, accessed 17/06/2015)
7. Cost information from the TA (if available):	3.2 Paclitaxel is usually administered at a dose of 175 mg per m_2 body surface area, in a 3-hour intravenous infusion, followed by a platinum compound, at 3-weekly intervals. The paclitaxel infusion is usually undertaken on an outpatient basis, with drug costs of approximately £1100 per cycle. Patients normally receive six cycles, with a total drug cost of approximately £6600, excluding costs of platinum drugs, pre-medication, wider outpatient or inpatient care, the cost of treating side effects, and value added tax (VAT).

<table>
<tr><td>8. Alternative manufacturers:</td><td>Accord Healthcare Limited
Actavis UK Ltd
Hospira UK Ltd
medac GmbH

(Source: eMC, accessed 17/06/2015)</td></tr>
<tr><td>9. Changes to the original indication:</td><td>Ovarian carcinoma: in the first-line chemotherapy of ovarian cancer, paclitaxel is indicated for the treatment of patients with advanced carcinoma of the ovary or with residual disease (> 1 cm) after initial laparotomy, in combination with (cisplatin or carboplatin)

In the second-line chemotherapy of ovarian cancer, paclitaxel is indicated for the treatment of metastatic carcinoma of the ovary after failure of standard, platinum containing therapy.

(Source: eMC, accessed 17/06/2015)</td></tr>
<tr><td>10. New relevant trials:</td><td><table>
<tr><td>Carboplatin and Paclitaxel or Oxaliplatin and Capecitabine With or Without Bevacizumab as First-Line Therapy in Treating Patients With Newly Diagnosed Stage II-IV or Recurrent Stage I Epithelial Ovarian or Fallopian Tube Cancer

NCT01081262</td><td>Phase III
Active, not recruiting
Primary completion: July 2020</td></tr>
<tr><td>ICON8: Weekly Chemotherapy in Ovarian Cancer

NCT01654146</td><td>Phase III
Recruiting
Primary completion: June 2017</td></tr>
<tr><td>Paclitaxel and Carboplatin or Ifosfamide in Treating Patients With Newly Diagnosed Persistent or Recurrent Uterine,</td><td>Phase III
Active, not recruiting</td></tr>
</table></td></tr>
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	Ovarian, Fallopian Tube, or Peritoneal Cavity Cancer NCT00954174	Primary completion: November 2015
	Study of Paclitaxel in Patients With Ovarian Cancer NCT00989131	Phase III Completed October 2013
	Bevacizumab and Intravenous or Intraperitoneal Chemotherapy in Treating Patients With Stage II-III Ovarian Epithelial Cancer, Fallopian Tube Cancer, or Primary Peritoneal Cancer NCT00951496	Phase III Active, not recruiting Primary completion: September 2015
	LUME-Ovar 1: Nintedanib (BIBF 1120) or Placebo in Combination With Paclitaxel and Carboplatin in First Line Treatment of Ovarian Cancer NCT01015118	Phase III Active, not recruiting, has results Primary completion: April 2013
	Lower Dose Decitabine (DAC)-Primed TC (Carboplatin-Paclitaxel) Regimen in Ovary Cancer NCT02159820	Phase III Recruiting Primary completion: June 2024
	TRINOVA-3: A Study of AMG 386 or AMG 386 Placebo in Combination With Paclitaxel and Carboplatin to Treat Ovarian Cancer NCT01493505	Phase III Active, not recruiting Primary completion: May 2016
	Veliparib With Carboplatin and Paclitaxel and as Continuation Maintenance Therapy in Subjects With Newly	Phase III Not yet recruiting

	Diagnosed Stage III or IV, High-grade Serous, Epithelial Ovarian, Fallopian Tube, or Primary Peritoneal Cancer NCT02470585	Primary completion: January 2019
	Evaluation of Optimal Initial Treatment Duration of Bevacizumab in Combination With Standard Chemotherapy in Patients With Ovarian Cancer NCT01462890	Phase III Active, not recruiting Primary completion: November 2018
	MITO-2: A Study Comparing 2 Chemotherapy Regimens (Carboplatin/Liposomal Doxorubicin vs Carboplatin/Paclitaxel) in Patients With Ovarian Cancer NCT00326456	Phase III Active, not recruiting Study completion: December 2013
	Paclitaxel or Polyglutamate Paclitaxel or Observation in Treating Patients With Stage III or Stage IV Ovarian Epithelial or Peritoneal Cancer or Fallopian Tube Cancer NCT00108745	Phase III Active, not recruiting Study completion: January 2022
	Carboplatin Plus Paclitaxel With or Without Continued Low-Dose Paclitaxel in Treating Patients With Early-Stage Ovarian Cancer NCT00003644	Phase III Completed March 2010
	Study Comparing Weekly Versus Every 3 Week Chemotherapy in Patients With Ovarian Cancer (MITO-7) NCT00660842	Phase III Active, not recruiting Primary completion: December 2013

	Comparison of Combination Chemotherapy Regimens in Treating Newly Diagnosed Ovarian Epithelial Cancer, Primary Peritoneal Cancer, or Fallopian Tube Cancer NCT00028743	Phase III Completed January 2013
11. Relevant NICE guidance (published or in progress):	Bevacizumab in combination with paclitaxel and carboplatin for first-line treatment of advanced ovarian cancer (2013) NICE technology appraisal 284 Ovarian cancer: The recognition and initial management of ovarian cancer (2011) NICE guideline CG122	
12. Relevant safety issues:	Nothing relevant found	
13. Any other additional relevant information or comments:	Nothing relevant found	
14. Technical Lead comments and recommendation:	The wording of the licence for paclitaxel has been updated to include the size of the residual disease (>1cm) but this will not affect the guidance recommendations: • The population in the licence still reflects the population in the guidance. There are 4 generic versions of paclitaxel available and the price of paclitaxel has reduced by approximately 46% (from £6600 to £3600 for 6 cycles of treatment) since technology appraisal 55 was published. Research recommendations from the original guidance questioned whether paclitaxel/platinum combination therapy is of particular benefit to identifiable clinical sub-groups and what the optimal sequencing of paclitaxel therapy with other ovarian chemotherapy compounds – that is paclitaxel/ platinum combination vs platinum followed by paclitaxel in sequence would be. Although a number of trials are ongoing	

	for paclitaxel for treating first-line ovarian cancer they do not provide any evidence to answer these research questions. The ICON5 trial evidence was available at the time of the review proposal in 2009 and was a driver for reviewing the guidance. However, the trial looked at different combinations of chemotherapy drugs (gemcitabine, liposomal doxorubicin and topotecan) plus paclitaxel and carboplatin or gemcitabine plus carboplatin followed by paclitaxel plus carboplatin and is therefore outside the remit of technology appraisal 55. A consultation comment during the 2009 review suggested that a review of the guidance should be untaken to include the ICON7 trial. These results are now available but the trials were for the treatment of ovarian cancer with bevacizumab which is outside the remit of this review (an evidence summary, ESUOM21, has been written about ICON7). The ovarian cancer clinical guideline is currently undergoing review. However, there is no new information to suggest that paclitaxel needs to be incorporated in any more detail into the guideline review. A review of the guidance on the basis of the information above would not provide value for the NHS.

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Date of IS searching: 17-18 June 2015

Appendix 1 – explanation of options

Options	Consequence	Selected – 'Yes/No'
The guidance will remain on 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. Literature searches are carried out every 5 years to check whether any of the Appraisals on the static list should be flagged for review.	Yes
The decision to review the guidance will be deferred to specify date or trial	NICE will consider whether a review is necessary at the specified date. NICE will actively monitor the evidence available to ascertain when a consideration of a review is more suitable.	No
A full consideration of a review will be carried out through the Review Proposal Process	There is evidence that could warrant a review of the guidance. NICE will schedule a consideration of a review, including a consultation with relevant consultees and commentators.	No
The guidance will be withdrawn	The guidance is no longer relevant and an update of the existing recommendations would not add value to the NHS. NICE will schedule a consideration of a review, including a consultation with relevant consultees and commentators.	No