National Institute for Health and Care Excellence

Single Technology Appraisal (STA)

Osimertinib for previously treated locally advanced or metastatic, EGFR and T790M mutation positive non-small-cell lung cancer [ID874]

Response to consultee and commentator comments on the draft remit and draft scope (pre-referral)

Please note: Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees.

Comment 1: the draft remit

Section	Consultee/ Commentator	Comments [sic]	Action
Appropriateness	AstraZeneca	Agreed	Thank you for your comments. No action required.
	Eli Lilly and Company	No comment	Thank you for your comments. No action required.
Wording	AstraZeneca	Agreed	Thank you for your comments. No action required.

Section	Consultee/ Commentator	Comments [sic]	Action
	Eli Lilly and Company	No comment	Thank you for your comments. No action required.
Timing Issues	AstraZeneca	[redacted]	Thank you for your comments. No action required.
	Eli Lilly and Company	No comment	Thank you for your comments. No action required.
Additional comments on the draft remit	AstraZeneca	-	
	British Thoracic Society	The British Thoracic Society supports the intended appraisal for this topic.	Thank you for your comments. No action required.
	Eli Lilly and Company	-	

Comment 2: the draft scope

Section	Consultee/ Commentator	Comments [sic]	Action
Background information	AstraZeneca	Agreed	Thank you for your comments. No action required.
	Eli Lilly and Company	No comment	Thank you for your comments. No action required.
The technology/ intervention	AstraZeneca	Yes: AZD9291 is an oral, irreversible EGFR tyrosine kinase inhibitor that is selective for EGFR tyrosine kinase inhibitor–sensitizing mutations and the T790M resistance mutation AZD9291 has also been studied in single arm phase I/II studies in adults with locally advanced or metastatic NSCLC previously treated with an EGFR-TKI (ClinicalTrials.gov identifiers, NCT01802632 and NCT02094261). In addition, a Phase III study (AURA3) is ongoing. This is an Open Label, Randomized Study of AZD9291 versus Platinum-Based Doublet Chemotherapy. (NCT02151981)	Thank you for your comments. No action required.
	Eli Lilly and Company	No comment	Thank you for your comments. No action required.
Population	AstraZeneca	Yes	Thank you for your comments. No action

Section	Consultee/ Commentator	Comments [sic]	Action
			required.
	Eli Lilly and Company	No comment	Thank you for your comments. No action required.
Comparators	AstraZeneca	Platinum-based chemotherapy is the most appropriate comparator as it is the most commonly used option in UK clinical practice. We understand that docetaxel monotherapy is more commonly used for patients who cannot tolerate platinum doublet therapy. Nintedanib has a UK marketing authorisation for use 'in combination with docetaxel for the treatment of adult patients with locally advanced, metastatic or locally recurrent non small cell lung cancer (NSCLC) of adenocarcinoma tumour histology after first line chemotherapy'. Being a newer agent, it is unclear how this will be adopted in clinical practice. As far as we are aware nintedanib has not been studied in patients with locally advanced or metastatic NSCLC who have been previously treated with an EGFR TK inhibitor. Best supportive care should only be considered as a comparator for eligible patients who otherwise would not receive chemotherapy.	Thank you for your comments. Attendees at the scoping workshop extensively discussed the list of comparators and the scope has been updated to reflect the treatment options currently used in UK clinical practice.
	Eli Lilly and Company	According to the draft remit, AZD9291 is to be appraised for previously treated locally advanced or metastatic NSCLC - in other words second line treatment of NSCLC. Platinum therapy (in combination with gemcitabine, vinorelbine, pemetrexed or a taxane) is currently used as first line treatment for NSCLC and is thus not	Thank you for your comments. Attendees at the scoping workshop extensively discussed the list of

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		an appropriate comparator for AZD9291 Standard treatments currently used in the NHS for 2nd line NSCLC include docetaxel, erlotinib and nintedanib (for the adenocarcinoma population). See NICE pathway for Lung Cancer. Therefore these should be the comparators for AZD9291. Nivolumab is currently being appraised and may also be a suitable comparator for AZD9291	comparators and the scope has been updated to reflect the treatment options currently used in UK clinical practice.
Outcomes	AstraZeneca	Agreed	Thank you for your comments. No action required.
	Eli Lilly and Company	No comment	Thank you for your comments. No action required.
Economic analysis	AstraZeneca	The economic analysis will adopt a lifetime horizon	Thank you for your comments. No action required.
	Eli Lilly and Company	No comment	Thank you for your comments. No action required.

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Equality and Diversity	AstraZeneca	None	Thank you for your comments. No action required.
	Eli Lilly and Company	No comment	Thank you for your comments. No action required.
Innovation	AstraZeneca	Second-line treatment options for EGFRm positive NSCLC are limited to chemotherapy which is associated with limited efficacy and high toxicity. Although TK inhibitors are considered standard of care in the first-line setting for patients with EGFRm+ NSCLC approximately 60% of these will become resistant due to the T790M mutation. AZD9291 is a newly developed third generation oral, irreversible EGFR-TKI differing from current EGFR-TKIs: 1. Selectively targets EGFR-sensitising and T790M-resistant mutations 2. Higher selectivity for EGFR mutations than EGFR WT, which may improve the tolerability profile seen with first generation TKIs	Thank you for your comments. No action required.
	Eli Lilly and Company	No comment	Thank you for your comments. No action required.

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Other considerations	AstraZeneca	None	Thank you for your comments. No action required.
	Eli Lilly and Company	No comment	Thank you for your comments. No action required.
Questions for consultation	AstraZeneca	Have all relevant comparators for AZD9291 been included in the scope? • Which treatments are considered to be established clinical practice in the NHS for locally advanced or metastatic EGFR mutation positive non-small-cell lung cancer? First- line treatments for EGFRm-positive NSCLC are considered to be gefitinib, erlotinib and afatinib as per published NICE guidance. However, afatinib is not licensed for use in the second-line setting and neither gefitinib nor erlotinib are currently recommended by NICE for use as 2nd-line treatment for EGFRm-positive NSCLC. • In current clinical practice, is a second EGFR-TK inhibitor given to patients whose disease has progressed despite treatment with a first EGFR TKI therapy? If so, which treatments are given? To the best of our knowledge re-challenge with an EGFR TK inhibitor would only normally be considered as third-line treatment after chemotherapy if no known resistant mutation is found.	Thank you for your comments. Attendees at the scoping workshop extensively discussed the list of comparators and the scope has been updated to reflect the treatment options currently used in UK clinical practice.

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		• How should best supportive care be defined? For NSCLC patients this would include palliative radiotherapy for pain relief, concomitant medications such as antibiotics used in treating infections due to a weakened immune system and nutritional support. Are there any subgroups of people in whom AZD9291 is expected to be more clinically effective and cost effective or other groups that should be examined separately? We are not aware of any additional groups in which AZD9291 is expected to be more clinically effective and cost effective beyond those patients with T790M-positive disease. Where do you consider AZD9291 will fit into the existing NICE pathway, lung cancer? AZD9291 is a treatment for patients with NSCLC who have progressed on EGFR TKI therapy (gefitinib, erlotinib, and afatinib). These are currently included in "First-line and maintenance chemotherapy for advanced or metastatic non-small-cell lung cancer".	Thank you for your comments. No action required. Thank you for your comments. No action required. Thank you for your comments. No action required.
	Eli Lilly and Company	No comment	Thank you for your comments. No action required.
Additional comments on the draft scope	AstraZeneca	None	Thank you for your comments. No action required.

Section	Consultee/ Commentator	Comments [sic]	Action
	Eli Lilly and Company	-	

The following consultees/commentators indicated that they had no comments on the draft remit and/or the draft scope

Royal College of Nursing