National Institute for Health and Care Excellence

Single Technology Appraisal (STA)
Niraparib for maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy
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
Wording	Ovacome Ovarian Cancer Charity	Yes.	Thank you for your comment. No action needed.
	Target Ovarian Cancer	Yes.	Thank you for your comment. No action needed.
	GSK	Yes.	Thank you for your comment. No action needed.
Timing Issues	Ovacome Ovarian Cancer Charity	Currently there is no first line maintenance treatment routinely available. This treatment has the potential to offer a patient group with a high level of relapsed disease significant progression free survival at first line. Therefore, it is urgent that this technology is appraised.	Thank you for your comments. NICE aims to provide draft guidance to the NHS within 6 months from

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			the date when marketing authorisation for a technology is granted. NICE has scheduled this topic into its work programme. No action needed.
	Target Ovarian Cancer	Until recently there had been no change in treatment options for ovarian cancer in decades. Some women can access bevacizumab through the Cancer Drugs Fund and PARP inhibitors niraparib and rucaparib are available for maintenance treatment for both women who have a BRCA mutation and those that do not. Olaparib is available for women who have a BRCA mutation from first and second line of treatment on the Cancer Drugs Fund and in routine commissioning from third line onwards. This expansion of treatment options is welcome but has led to a more complex treatment pathway by reviewing niraparib now it presents an opportunity to assess its use as part of the wider treatment pathway.	Thank you for your comments. No action needed.
	GSK	The proposed timelines are appropriate. EMA approval for niraparib in the proposed population is anticipated [redacted]	Thank you for your comments. No action needed.
Additional comments on the draft remit	GSK	No comment.	-

Comment 2: the draft scope

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Background information	Ovacome Ovarian Cancer Charity	The NICE pathway defines advanced ovarian cancer and stages II-IV. This appraisal defines advanced ovarian cancer as stages III-IV. This needs consistency.	
	Royal College of Pathologists	Tracked changes made in the scope document: Ovarian cancer is a cancerous growth that occurs in different parts of the ovary or fallopian tubes. The most common type of ovarian cancer, high-grade serous carcinoma (HGSC) is thought to arise from fallopian tube and presents after it has spread to the ovary. Ovarian cancer is classified from stage I to stage IV. Advanced ovarian cancer falls within stages III and IV; stage III denotes disease that has spread outside the pelvis into the abdominal cavity and stage IV denotes that distant metastasis to other body organs such as the liver and the pleura (two thin layers of tissue that protect and cushion the lungs) has occurred. Most people are diagnosed with advanced stage disease. Some people have gene mutations that may increase the risk of ovarian cancer. Mutated inherited genes that increase the risk of ovarian cancer include BRCA 1 and 2.	Thank you for your comments. The background was updated to reflect the suggested edits.
	Target Ovarian Cancer	Yes.	Thank you for your comment. No action needed.
	GSK	No comment.	-
The technology/ intervention	Ovacome Ovarian Cancer Charity	Yes.	Thank you for your comment. No action needed.

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	Target Ovarian Cancer	Yes.	Thank you for your comment. No action needed.
	GSK	*"Niraparib"* Yes	Thank you for your comment. No action needed.
Population	Ovacome Ovarian Cancer Charity	Yes.	Thank you for your comment. No action needed.
	Target Ovarian Cancer	Yes.	Thank you for your comment. No action needed.
	GSK	*"People with advanced ovarian, fallopian tube, or primary peritoneal cancer that has responded (complete or partial) to first-line platinum-based chemotherapy."* The anticipated MA wording for niraparib is slightly different to the above (see section 4 below for details). As such, please consider the revised wording: [redacted]	Thank you for your comment. No action needed.
Comparators	Ovacome Ovarian Cancer Charity	Yes.	Thank you for your comment. No action needed.

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	Target Ovarian Cancer	This should be is platinum based chemotherapy followed by routine surveillance.	Thank you for your comment. No action needed.
	GSK	*"Routine Surveillance"* Have all relevant comparators for niraparib been included in the scope? Yes, routine surveillance is the appropriate comparator. Yes. Which treatments are considered to be established clinical practice in the NHS for advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy? Not applicable. Routine surveillance is the established clinical practice. Where do you consider niraparib will fit into the existing NICE pathway, Ovarian cancer? It would be placed in the 'Maintenance treatment after first-line chemotherapy' position for patients in complete or partial response within the Ovarian cancer NICE pathway.	Thank you for your comments. No action needed.
Outcomes	Ovacome Ovarian Cancer Charity	Yes, as long as health-related quality of life takes into account the psychological benefit of having maintenance therapy where none existed before. The time after treatment whereby women are under routine surveillance can be psychologically very hard to cope with. Having a choice of maintenance treatment and continued input from oncology teams offers a significant psychological benefit as well as physical health benefits.	Thank you for your comment. The extent to which the technology may be innovative will be considered in any appraisal of the technology. No action needed.

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	Target Ovarian Cancer	Yes – it is important that indicators such as progression free survival and overall survival are taken in the context of few treatment advances in recent years for ovarian cancer. In particular the challenge of establishing overall survival data and the time this can take and using progression free survival as an interim proxy.	Thank you for your comment. No action needed.
	GSK	"*The outcome measures to be considered include:* • *overall survival* • *progression-free survival* • *progression-free survival 2, that is progression-free survival on next line of therapy* • *time to next line of therapy* • *adverse effects of treatment* • *health-related quality of life."* **Are the outcomes listed appropriate?** Yes. Please note, time to next line of therapy was defined as time to first subsequent therapy (TFST) in the pivotal trial (PRIMA) [1] Do you consider that the use of niraparib can result in any potential significant and substantial health-related benefits that are unlikely to be included in the QALY calculation?	Thank you for your comments. The extent to which the technology may be innovative will be considered in any appraisal of the technology. No action needed.

[1] Gonzalez-Martin et al. 2019 (Appendix)

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		- Please identify the nature of the data which you understand to be available to enable the Appraisal Committee to take account of these benefits. There will be a quality of life benefit to carers that won't have been captured in the QALY.	
Economic analysis	Ovacome Ovarian Cancer Charity	No comments.	-
	Royal College of Pathologists	The tumour needs to be tested for mutation status. This requires pathologist and laboratory input and this needs to be considered in the cost of the treatment. The time needed for this tissue retrieval and tumour quantity assessment needs to be built into the pathway.	Thank you for your comments. The costs of BRCA mutation testing do not need to be included in the economic analyses because this test is now used routinely in clinical practice. The scope no longer specifies consideration of subgroups by HRD status

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	GSK	*"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.* *The availability of any patient access schemes for the intervention or comparator technologies will be taken into account."* No comment	Thank you for your comment. No action needed.
Equality and Diversity	Ovacome Ovarian Cancer Charity	No comments.	-
	Target Ovarian Cancer	Ovarian cancer is more common in women over 50 and cancer is considered a disability under the Equality Act 2010. Therefore age, gender and disability are all relevant protected characteristics for the purpose of this appraisal.	Thank you for your comment. If appropriate, the impact of any recommendation for niraparib on people who share protected characteristics will be considered. Scope unchanged.
	GSK	No equality issues are expected to arise from this appraisal.	-

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Other considerations	Target Ovarian Cancer	HRD testing is not currently available in the NHS so there would be associated costs in identifying HRD status.	Thank you for your comments. Consideration of subgroups by HRD status has been removed from the scope to reflect the fact that testing is not currently available in the NHS.
	GSK	*"If the evidence allows the following subgroups will be considered. These include:* • *subgroups by BRCA mutation status, and* • *subgroups by homologous recombination deficiency (HRD) status.* *Guidance will only be issued in accordance with the marketing authorisation. 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."* Are the subgroups suggested in 'other considerations' appropriate? Are there any other subgroups of people in whom niraparib is expected to be more clinically effective and cost effective or other groups that should be examined separately? Subgrouping by HRD status is not appropriate for this appraisal for the following reasons:	Thank you for your comments. Consideration of subgroups by HRD status has been removed from the scope to reflect the fact that testing is not currently available in the NHS

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		1. The Myriad MyChoice test used in the trial is not routinely available in UK practice, nor is an appropriate alternative test accessible. 2. The trial demonstrated that the test was unable to reliably discriminate between those patients who do and do not receive benefit from the investigational agent.	
Innovation	Ovacome Ovarian Cancer Charity	Yes. The PRIMA trial has demonstrated the effectiveness of this treatment regime in offering first line maintenance treatment which extends progression free survival. This is vital for a patient group which faces a high probability of recurrent disease. Our members feel this is vitally needed both in terms of treatment choices and psychological benefit.	Thank you for your comment. The extent to which the technology may be innovative will be considered in any appraisal of the technology. No action needed.
	GSK	Do you consider niraparib 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)? Yes. Niraparib (Zejula) is an oral, highly selective PARP1 and PARP2 inhibitor that has been studied as maintenance therapy in patients with newly diagnosed high-grade serous or endometrioid ovarian, peritoneum or fallopian tube cancer, who have had response to platinum-based chemotherapy. The main aim of niraparib is to prevent disease recurrence, delay progression and extend survival. It is the first PARP monotherapy to show significant and meaningful clinical efficacy in the first line setting of ovarian cancer, irrespective of biomarker status .	Thank you for your comment. The extent to which the technology may be innovative will be considered in any appraisal of the technology. We encourage companies to submit all relevant and available evidence for consideration. No action needed.

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Questions for consultation	GSK	No comment To help NICE prioritise topics for additional adoption support, do you consider that there will be any barriers to adoption of this technology into practice? If yes, please describe briefly. There are no anticipated barriers for adoption of this treatment.	Thank you for your comments. No action needed.
Additional comments on the draft scope	GSK	No further comments	Thank you for your comment. No action needed.

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

None.