National Institute for Health and Care Excellence

Single Technology Appraisal (STA)

Nivolumab for adjuvant treatment of oesophageal or gastro-oesophageal junction cancer ID1676

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	Bristol-Myers Squibb	No comments	Thank you for your comment. No further action required.
Timing Issues	Bristol-Myers Squibb	It is important that NICE provides a recommendation for the use of nivolumab in adjuvant treatment of resected oesophageal or GEJ cancer as close to the time of the marketing authorisation as possible, given that no active therapies are currently in use in this setting in England thus demonstrating an unmet need in this area. There is currently no adjuvant treatment option available that has demonstrated to delay or prevent the recurrence of oesophageal or gastroesophageal junction cancer following surgery and the standard of care in this setting within NHS England is surveillance.[1]	Thank you for your comment. NICE aims to provide draft guidance to the NHS within 6 months from the date when the marketing authorisation for a technology is granted. NICE has scheduled this topic into its work programme. No changes to the remit required.

Section	Consultee/ Commentator	Comments [sic]	Action
Additional comments on the draft remit	Bristol-Myers Squibb	None	Thank you for your comment. No further action required.

Comment 2: the draft scope

Section	Consultee/ Commentator	Comments [sic]	Action
Background information	Bristol-Myers Squibb	No comments	Thank you for your comment. No further action required.
The technology/ intervention	Bristol-Myers Squibb	No comments	Thank you for your comment. No further action required.
Population	Bristol-Myers Squibb	No comments	Thank you for your comment. No further action required.
Comparators	Bristol-Myers Squibb	No comments	Thank you for your comment. No further action required.
Outcomes	Bristol-Myers Squibb	No comments	Thank you for your comment. No further action required.

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Economic analysis	Bristol-Myers Squibb	No comments	Thank you for your comment. No further action required.
Equality and Diversity	Bristol-Myers Squibb	No equality issues have been identified	Thank you for your comment. No further action required.
Other considerations	Bristol-Myers Squibb	No comments	Thank you for your comment. No further action required.
Innovation	Bristol-Myers Squibb	Nivolumab has been demonstrated to be an innovative medicine for the treatment of multiple indications in several BMS clinical trials. BMS considers nivolumab to be innovative in the treatment of resected oesophageal or GEJ cancer, due to its novel mechanism of action in this therapeutic area. It also offers the potential to make a significant impact on the substantial unmet need, of maintaining disease-free and overall survival in the target population. Nivolumab is a new immunotherapy agent for the treatment of cancer with a novel mechanism of action as a highly specific programmed death-1 (PD-1) immune checkpoint inhibitor. Nivolumab binds specifically to PD-1 receptors present on the surface of immune cells and restores activity of T-cells by blocking the ligands PD-L1 and PD-L2, which are present at the tumour site, from binding to PD-1 receptors. This approach of facilitating the body's own immune system to target cancer is novel in the adjuvant treatment of gastro-oesophageal cancer and is viewed by physicians as a 'step-change' in its management.	Thank you for your comment. The innovative nature of nivolumab will be considered by the NICE appraisal committee during the appraisal. No action required.

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		In patients with resected oesophageal cancer, the potential for recurrence is high and few treatment options exist to delay or prevent this, thus, there is a significant unmet need for treatments to facilitate disease-free and overall survival in this patient population. [redacted] Based on currently available data relating to nivolumab, this is of major interest for public health, particularly from the point of view of therapeutic innovation since nivolumab has the potential to offer a therapeutic option with an ability to increase disease-free and overall survival in patients where limited alternative options for long-term management exist.	
Questions for consultation	Bristol-Myers Squibb	***Have all relevant comparators for nivolumab been included in the scope?*** No further comments ***Which treatments are considered established clinical practice in the NHS for resected oesophageal or gastro-oesophageal cancer?*** Routine surveillance is the only established clinical practice for this setting in NHS England. ***Would nivolumab only be used in people who had chemoradiotherapy and surgery, or also in people who had chemotherapy and surgery?***	Thank you for your comment. The population section of the scope is intended to cover the population that is likely to be the marketing authorisation of the technology. Additional benefits of nivolumab that are unlikely to be included in the QALY calculation will be considered by the NICE appraisal

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		CheckMate 577 enrolled patients who had chemoradiotherapy in the neoadjuvant setting. It is anticipated that the label will be specifically for patients following chemoradiotherapy. ***Would nivolumab be used in people receiving perioperative chemotherapy (i.e. chemotherapy before and after surgery)?*** CheckMate 577 enrolled patients who had received chemoradiotherapy in the neoadjuvant setting. However, it is not anticipated that effect would differ in patients who received perioperative therapy. ***Are the outcomes listed appropriate?*** No further comments ***Are there any subgroups of people in whom nivolumab is expected to be more clinically effective and cost effective or other groups that should be examined separately?*** No further comments ***Would oesophageal and gastro-oesophageal adenocarcinoma and squamous cell carcinoma of oesophagus be expected to respond differently to nivolumab?*** It is not anticipated that outcomes in the nivolumab arm will differ based on histology. However, it should be noted that prognosis differs between patients with adenocarcinoma and squamous cell carcinoma. Hence, CheckMate 577 included both patient groups in order to demonstrate the beneficial impact across histologies.	committee during the appraisal. No further action required.

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		Where do you consider nivolumab will fit into the existing Oesophageal and gastric cancer NICE pathway? Nivolumab will be used following resection in patients who have previously received neoadjuvant treatment. ***NICE is committed to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relations between people with particular protected characteristics and others. Please let us know if you think that the proposed remit and scope may need changing in order to meet these aims. In particular, please tell us if the proposed remit and scope:*** • ***could exclude from full consideration any people protected by the equality legislation who fall within the patient population for which nivolumab will be licensed;*** • ***could lead to recommendations that have a different impact on people protected by the equality legislation than on the wider population, e.g. by making it more difficult in practice for a specific group to access the technology;*** • ***could have any adverse impact on people with a particular disability or disabilities.*** ***Please tell us what evidence should be obtained to enable the Committee to identify and consider such impacts.*** No further comments ***Do you consider nivolumab 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)?***	

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		No further comments ***Do you consider that the use of nivolumab can result in any potential significant and substantial health-related benefits that are unlikely to be included in the QALY calculation?*** ***Please identify the nature of the data which you understand to be available to enable the Appraisal Committee to take account of these benefits.*** Patients with oesophageal cancer have significant unmet need: there are few effective therapies, short survival and poor prognosis. However, outcomes can be improved by successful resection. Adjuvant treatment with nivolumab following resection is demonstrated to improve outcomes and reduce the rate of recurrence. Although these effects will be demonstrated in the cost-effectiveness modelling, it should be noted that reducing the rate of recurrence helps improve quality of life in ways that may not be identified through standard elicitation methods. As an additional benefit during the Covid-19 pandemic, avoidance and/or delay of relapse helps patients avoid hospital stays and appointments, preventing possible Covid-19 transmission and alleviating pressure on the NHS. ***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.*** No barriers anticipated	

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Additional comments on the draft scope	Bristol-Myers Squibb	None	Thank you for your comment. No further action required.

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

British Society of Gastroenterology

References

[1]National Institute for Health and Care Excellence. Oesophago-gastric cancer: assessment and management in adults. NICE guideline [NG83]. 24 January 2018. Available from: https://www.nice.org.uk/guidance/ng83/chapter/Recommendations#follow-up