NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Appraisal

Cabozantinib for previously treated advanced hepatocellular carcinoma (review of TA582)

Draft scope

Remit/appraisal objective

To appraise the clinical and cost effectiveness of cabozantinib within its marketing authorisation for previously treated advanced hepatocellular carcinoma.

Background

Hepatocellular carcinoma (HCC) is the most common form of liver cancer in England. There were 4,975 people diagnosed with liver cancer in England in 2017[1]. HCC is commonly associated with cirrhosis (scarring of the liver), which can develop following long periods of chronic liver disease.

Treatment for HCC depends on the location and stage of the cancer, and how well the liver function is preserved.

For people with advanced disease, treatment options include interventional procedures such as transarterial chemoembolisation (using doxorubicin or cisplatin) or selective internal radiation therapy, and external beam radiotherapy. For people who do not respond to these therapies, or have metastatic disease, sorafenib or lenvatinib are treatment options (see NICE technology appraisal guidance 474 and NICE technology appraisal guidance 551). For people who have had sorafenib, NICE technology appraisal guidance 555 recommends regorafenib.

The technology

Cabozantinib (Cabometyx, Ipsen) is a small molecule tyrosine kinase inhibitor. This inhibits multiple receptor tyrosine kinases implicated in tumour growth and angiogenesis, pathologic bone remodelling and metastatic progression of cancer. It is administered orally.

Cabozantinib has a marketing authorisation for treating hepatocellular carcinoma in adults who have previously been treated with sorafenib.

Intervention(s)	Cabozantinib
Population(s)	Adults with advanced hepatocellular carcinoma who have had sorafenib.

Comparators	Regorafenib
Outcomes	The outcome measures to be considered include: • overall survival • progression-free survival • response rates • time to treatment discontinuation • adverse effects of treatment • health-related quality of life
Economic analysis	The reference case stipulates that the cost effectiveness of treatments should be expressed in terms of incremental cost per quality-adjusted life year. If the technology is likely to provide similar or greater health benefits at similar or lower cost than technologies recommended in published NICE technology appraisal guidance for the same indication, a cost-comparison may be carried out. 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, comparator or subsequent treatment technologies will be taken into account.
Other considerations	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.
Related NICE recommendations and NICE Pathways	**Related Technology Appraisals:** Sorafenib for treating advanced hepatocellular carcinoma (2017) NICE technology appraisal guidance 474. Lenvatinib for untreated advanced hepatocellular carcinoma (2018) NICE technology appraisal guidance 551.

	Regorafenib for previously treated unresectable hepatocellular carcinoma (2019) NICE technology appraisal guidance 555. **Appraisals in development (including suspended appraisals)** Nivolumab for untreated advanced hepatocellular carcinoma NICE technology appraisal guidance [ID1248]. Publication date to be confirmed Selective internal radiation therapies for treating hepatocellular carcinoma NICE technology appraisal guidance [ID1276]. Publication date to be confirmed **Related NICE Pathways:** Liver cancers (2021) NICE pathway.
Related National Policy	**NHS England:** The NHS Long Term Plan, 2019. NHS Long Term Plan NHS England (2018/2019) NHS manual for prescribed specialist services (2018/2019) chapter 131 (page 357): Specialist services for complex liver, biliary and pancreatic diseases in adults. **Department of Health and Social Care:** Department of Health (2016) NHS Outcomes Framework 2016-2017. Domains 1 and 2.

Questions for consultation

Have all relevant comparators for cabozantinib been included in the scope? Which treatments are considered to be established clinical practice in the NHS for previously treated hepatocellular carcinoma?

Are the outcomes listed appropriate?

Are there any subgroups of people in whom cabozantinib is expected to be more clinically effective and cost effective or other groups that should be examined separately?

Where do you consider cabozantinib will fit into the existing NICE pathway, Liver cancers?

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 cabozantinib is 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.

Do you consider cabozantinib 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)?

Do you consider that the use of cabozantinib 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.

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.

NICE intends to appraise this technology through its Single Technology Appraisal (STA) Process. We welcome comments on the appropriateness of appraising this topic through this process. (Information on the Institute's Technology Appraisal processes is available at http://www.nice.org.uk/article/pmg19/chapter/1-Introduction).

NICE has published an addendum to its guide to the methods of technology appraisal (available at https://www.nice.org.uk/Media/Default/About/what-we-do/NICE-guidance/NICE-technology-appraisals/methods-guide-addendum-cost-comparison.pdf), which states the methods to be used where a cost comparison case is made.

- Would it be appropriate to use the cost comparison methodology for this topic?

- Is the new technology likely to be similar in its clinical efficacy and resource use to any of the comparators?

- Is the primary outcome that was measured in the trial or used to drive the model for the comparator(s) still clinically relevant?

- Is there any substantial new evidence for the comparator technology/ies that has not been considered? Are there any important ongoing trials reporting in the next year?

References

1. Office for National Statistics Cancer registration statistics, England: 2017 (April 2019)