NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Olaparib in combination with bevacizumab for maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy with bevacizumab [Review of TA693] (ID4066)

Draft scope

Remit/appraisal objective

To appraise the clinical and cost effectiveness of olaparib in combination with bevacizumab within its marketing authorisation as maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after complete or partial response to first-line platinum-based chemotherapy with bevacizumab.

Background

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, is thought to arise from the 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 II and IV; in stage II the disease has grown outside the ovaries but is still within the pelvic area, stage III denotes disease that is locally advanced and 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 or 2.

The incidence of ovarian cancer increases with age, with incidence rates being highest in females aged 75 to 79[1]. In 2017, 6,236 people were diagnosed with ovarian cancer in England.[2] The 5-year survival for women diagnosed with ovarian cancer between 2013 and 2017, in England was 42.9% for all stages and 26.9% for stage III and 13.4% for stage IV cancer respectively.[3]

NICE technology appraisal guidance 55 recommends paclitaxel in combination with a platinum-based compound or platinum-based therapy alone (cisplatin or carboplatin) as alternatives for first-line chemotherapy (usually following surgery) in the treatment of ovarian cancer.

Bevacizumab in combination with paclitaxel and carboplatin is not recommended for first-line treatment of advanced ovarian, fallopian tube or primary peritoneal cancer (NICE technology guideline 284). However, bevacizumab (7.5mg/kg every 3 weeks, not the licenced dose of 15mg/kg every 3 weeks) is available through the Cancer Drugs Fund for a group of patients with International Federation of Gynaecology and Obstetrics (FIGO) stage III disease (debulked but residual disease more than 1 cm, or stage III at presentation and requiring neo-adjuvant chemotherapy due to low likelihood of optimal primary surgical cytoreduction), and for people with stage IV disease.

NICE technology appraisal 598 recommends olaparib for use within the Cancer Drugs Fund as an option for maintenance treatment of BRCA mutation-positive, advanced (FIGO stages III and IV), high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer that has responded to first-line platinum-based chemotherapy in adults.[a]

NICE technology appraisal 673 recommends niraparib for use within the Cancer Drugs Fund as an option for maintenance treatment of advanced (FIGO stages III and IV) high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer after response to first-line platinum-based chemotherapy in adults.

NICE technology appraisal 693 recommends olaparib plus bevacizumab for use within the Cancer Drugs Fund as an option for maintenance treatment of advanced (FIGO stages III and IV) high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer in adults when: there has been a complete or partial response after first-line platinum-based chemotherapy plus bevacizumab, and the cancer is associated with homologous recombination deficiency (HRD). This recommendation is the subject of this evaluation.

The technology

Olaparib (Lynparza; AstraZeneca) in combination with bevacizumab has a marketing authorisation in the UK for the maintenance treatment of adults with advanced (FIGO stages III and IV) high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer:

- who are in response (complete or partial) following completion of first-line platinum-based chemotherapy in combination with bevacizumab, and
- whose cancer is associated with HRD positive status defined by either a BRCA1/2 mutation and/or genomic instability.

Olaparib has a related marketing authorisation in the UK as monotherapy for the maintenance treatment of: advanced BRCA1/2-mutated high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer after response to first-line platinum-based chemotherapy; and platinum-sensitive relapsed high-grade epithelial ovarian, fallopian tube, or primary peritoneal cancer after response to platinum-based chemotherapy.

Intervention(s)	Platinum-based chemotherapy with bevacizumab (15 mg/kg every 3 weeks) followed with olaparib and bevacizumab maintenance therapy only in responders
Population(s)	People with newly diagnosed advanced ovarian, fallopian tube, or primary peritoneal cancer: • with complete or partial response after first-line platinum-based chemotherapy plus bevacizumab and • associated with homologous recombination deficiency

[a] Products recommended for use in the Cancer Drugs Fund after 1 April 2016 should not be considered as comparators, or appropriately included in a treatment sequence, in subsequent relevant appraisals. NICE's position statement.

	(HRD)
Subgroups	If the evidence allows the following subgroups will be considered. These include: • subgroups by BRCA mutation status
Comparators	• Platinum based chemotherapy followed with routine surveillance • In addition, for people who would receive bevacizumab through the Cancer Drugs Fund: platinum-based chemotherapy with bevacizumab (7.5 mg/kg every 3 weeks) followed with bevacizumab maintenance therapy
Outcomes	The outcome measures to be considered include: • overall survival • progression-free survival • progression-free survival 2, that is time from randomisation to a progression event after the event used for progression-free survival • time to next line of therapy • 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. 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 commercial arrangements for the intervention, comparator and subsequent treatment technologies will be taken into account. The availability and cost of biosimilar and generic products should be taken into account. The economic modelling should include the cost associated with diagnostic testing for BRCA and HRD status in people with ovarian cancer who would not otherwise have been tested. A sensitivity analysis should be provided without the cost of the diagnostic test. See section 4.8 of the guidance development manual (available here: https://www.nice.org.uk/process/pmg36/chapter/introduction-to-health-technology-evaluation).
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	Related Technology Appraisals: Olaparib plus bevacizumab for maintenance treatment of advanced ovarian, fallopian tube or primary peritoneal cancer (2021) NICE technology appraisal guidance 693. Niraparib for maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy (2021) NICE technology appraisal guidance 673. Olaparib for maintenance treatment of BRCA mutation-positive advanced ovarian, fallopian tube or peritoneal cancer after response to first-line platinum-based chemotherapy (2019) NICE technology appraisal guidance 598. Review date December 2023. Bevacizumab in combination with gemcitabine and carboplatin for treating the first recurrence of platinum-sensitive advanced ovarian cancer (2013) NICE technology appraisal guidance 285. Reviewed in 2016 and moved to

	static list. Bevacizumab in combination with paclitaxel and carboplatin for first-line treatment of advanced ovarian cancer (2013) NICE technology appraisal guidance 284. Reviewed in 2016 and moved to static list. Guidance on the use of paclitaxel in the treatment of ovarian cancer (2003) NICE technology appraisal guidance 55. Reviewed August 2015. Related Guidelines: Ovarian cancer: recognition and initial management (2011) NICE guideline CG122. Review date to be confirmed Tests in secondary care to identify people at high risk of ovarian cancer (2017) NICE diagnostics guidance 31 Related Quality Standards: Ovarian cancer (2012) NICE quality standard 18
Related National Policy	The NHS Long Term Plan, 2019. NHS Long Term Plan NHS England NHS manual for prescribed specialist services 2018/2019 (2018) 105. Specialist cancer services (adults) Department of Health, NHS Outcomes Framework 2016-2017 (2016) Domains 1 and 2

Questions for consultation

Where do you consider olaparib in combination with bevacizumab will fit into the existing care pathway for advanced ovarian, fallopian tube and peritoneal cancer?

Is diagnostic testing for BRCA and HRD standard practice in the NHS for people with advanced ovarian cancer?

Do you consider that the use of olaparib in combination with bevacizumab can result in any potential 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 committee to take account of these benefits.

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 olaparib in combination with bevacizumab 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.

NICE intends to evaluate this technology through its Single Technology Appraisal process. We welcome comments on the appropriateness of appraising this topic through this process. (Information on NICE's health technology evaluation processes is available at https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-technology-appraisal-guidance/changes-to-health-technology-evaluation).

References

1. Patient (2016). Ovarian Cancer. Accessed August 2022.

2. Office for National Statistics (2017). Cancer registration statistics, England: 2017. Accessed August 2022.

3. Office for National Statistics (2019). Cancer survival in England - adults diagnosed. 2013 to 2017 dataset. Accessed August 2022.