Cancer Drugs Fund

Managed Access Agreement

Olaparib for maintenance treatment of newly diagnosed BRCA-mutated advanced ovarian, fallopian tube or peritoneal cancer, after response to first-line platinum-based chemotherapy [ID1124]

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Cancer Drugs Fund – Data Collection Arrangement

Olaparib for newly diagnosed advanced BRCA-mutated ovarian, fallopian tube or primary peritoneal cancer, after response to first-line platinum-based chemotherapy (ID1124)

Company name: AstraZeneca UK Ltd

Primary source of data collection: Ongoing clinical study

Secondary source of data collection: Public Health England routine population-wide cancer data sets, including Systemic Anti-Cancer Therapy data set

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1 Purpose of data collection arrangement

1.1 The purpose of the agreement is to describe the arrangements and responsibilities for further data collection for olaparib tablets for newly diagnosed advanced BRCA-mutated ovarian, fallopian tube or primary peritoneal cancer (BRCAm OC), after response to first-line platinum-based chemotherapy (ID1124). A positive recommendation within the context of a managed access agreement (MAA) has been decided by the appraisal committee.

2 Commencement and period of agreement

2.1 This data collection arrangement shall take effect on publication of the managed access agreement. The data collection period is anticipated to conclude in December 2023 (see section 5). The process for exiting the Cancer Drugs Fund will begin at this point and the review of the NICE guidance will start.

2.2 As part of the managed access agreement, the technology will continue to be available through the Cancer Drugs Fund after the data collection period has ended and while the guidance is being reviewed. This assumes that the data collection period ends as planned and the review of guidance follows the standard timelines described in the addendum to NICE's methods and processes when appraising cancer technologies.

2.3 The company is responsible for paying all associated charges for a Cancer Drugs Fund review. Further information is available on the NICE website

2.4 Any changes to the terms or duration of any part of the managed access agreement must be approved by NICE and NHS England as co-signatories to the agreement.

2.5 If data collection is anticipated to conclude earlier than the timelines stated in the managed access agreement, for example due to earlier than anticipated reporting of an ongoing clinical trial:

- Where capacity allows NICE will endeavour to reschedule the CDF guidance review date to align with the earlier reporting timelines.
- It may be necessary to amend the content of the final SACT or real-world data report (for example if planned outcomes will no longer provide meaningful data).

2.6 If data collection from an ongoing clinical trial is anticipated to be delayed, please note:

- NICE and NHS England should be informed immediately as co-signatories to the agreement
- Unless a strong compelling rationale is provided, the CDF guidance review will proceed according to the original timelines outlined in the MAA.
- Resource/capacity issues will not be accepted as reasons for delaying the associated CDF guidance review.
- It may not be possible to amend the date of the final SACT or real-world data report, in which case it will be available before the Clinical Study report is completed.

3 Patient eligibility

3.1 Olaparib tablets are recommended for use in the Cancer Drugs Fund for treating people with newly diagnosed advanced BRCAm ovarian cancer after response to first-line platinum-based chemotherapy. The MAA is consistent with the marketing authorisation for olaparib tablets in this indication.

3.2 Key patient eligibility criteria for the use of olaparib tablets in the Cancer Drugs Fund include:

- patient has a proven histological diagnosis of predominantly high grade serous or endometrioid ovarian, fallopian tube or primary peritoneal carcinoma
- patient has had germline and/or somatic (tumour) BRCA testing
- patient has a documented deleterious or suspected deleterious BRCA 1 or BRCA 2 mutation or both

- The patient must have just completed 1st line platinum-based chemotherapy
- Patient has recently diagnosed FIGO stage III or IV ovarian, fallopian tube or primary peritoneal carcinoma
    - Note: maintenance olaparib in this indication is not funded for patients with recently diagnosed and treated stage 1-IIC disease or for patients relapsing after previous treatment
- Patient has **either:**
    - Stage III or IV disease **and** has had either an upfront or interval attempt at optimal cytoreductive surgery, **or**
    - Stage IV disease **and** has had a biopsy only
- The patient is currently less than 8 weeks from the date of the last dose of the last cycle of 1st line chemotherapy unless the patient was entered into the company's early access scheme for maintenance olaparib after 1st line chemotherapy **and** all other treatment criteria are fulfilled
- Patient has responded to the recently completed 1st line platinum-based chemotherapy. The patient must have **either:**
    - A complete response to the 1st line chemotherapy (no measureable/non-measureable disease on the post chemotherapy CT scan and a normal serum CA125 measurement), **or**
    - A partial response to the 1st line chemotherapy (≥30% decrease in measureable/non-measureable disease from pre-chemotherapy to completion of chemotherapy CT scan or a

complete response on post chemotherapy scan but a serum CA125 which has not decreased down to within the normal range)

- Patient has not previously received any PARP inhibitor (unless previously enrolled in the company's early access scheme for maintenance olaparib after 1st line chemotherapy)
- Olaparib will be used as monotherapy
- The patient must have an ECOG performance score of 0 or 1
- Olaparib is to be continued until disease progression or unacceptable toxicity or patient choice to stop treatment or for a total treatment duration of 2 years if the patient is in complete remission at the end of the 2-year treatment period
- For those patients with residual stable disease after completing 2 years of treatment, treatment with maintenance olaparib can continue if the treating clinician considers that the patient will derive further benefit. If treatment beyond 2 years is to occur, CDF form OLAP1b must be completed prior to continuation otherwise olaparib will not be funded by the CDF
- For treatment continuing after 2 year, patients must have:
    - a 2 year scan which confirms the presence of stable residual disease and serial CA125 measurements also show no evidence of disease relapse
    - clinician must consider that the patient is likely to benefit from continuing on maintenance olaparib

- patient continues to have a sufficiently good ECOG performance to continue on olaparib maintenance therapy
- olaparib is to be continued as a monotherapy until disease progression or unacceptable toxicity or patient choice to stop treatment.
- no treatment breaks of more than 6 weeks beyond the expected cycle length are allowed (to allow any toxicity of current therapy to settle or intercurrent comorbidities to improve)

- A formal medical review will be scheduled to occur at least by the start of the third cycle of treatment to assess whether or not maintenance treatment with olaparib should continue
- Treatment breaks of up to 6 weeks beyond the expected cycle length are allowed (to allow any toxicity of current therapy to settle or intercurrent comorbidities to improve)

3.3 Olaparib tablets have been available for women with newly diagnosed advanced BRCAm ovarian cancer through a company-initiated Early Access Programme (EAP) since December 2018. The programme provides ethical access to olaparib tablets for patients with newly diagnosed advanced BRCAm ovarian cancer, who in their treating physicians' opinion, had an unmet clinical need that could not be treated with approved and commercially available drugs. Data from these early access patients will **not** be included as part of the SACT data collection agreement. [redacted].

3.4 The company estimates that approximately 360 people will receive olaparib tablets for newly diagnosed advanced BRCAm ovarian cancer each year,

during the course of the managed access arrangement. The NICE Resource Impact Assessment team estimate that approximately 300 people will receive olaparib in year 1, increasing to around 600 in subsequent years.

3.5 The estimated average treatment duration for olaparib tablets in people with newly diagnosed advanced BRCAm ovarian cancer is [redacted] months, based on data from the SOLO1 trial. Based on clinical expert opinion, it is estimated that [redacted] of people who receive olaparib tablets for newly diagnosed advanced BRCAm ovarian cancer will receive treatment for ≤ 24 months.

4 Area(s) of clinical uncertainty

4.1 The key area of uncertainty relates to modelling of overall survival (OS) which can be resolved in the Cancer Drugs Fund by collection of long-term OS data from SOLO1 and incorporation of long-term OS trial data into the model.

4.2 Further areas of uncertainty identified include:

- the proportion who have residual disease who continue olaparib treatment beyond 2 years

5 Source(s) of data collection

Clinical trial

5.1 The primary source of data collection during the managed access arrangement period will be the ongoing SOLO1 trial, a large randomised controlled trial of olaparib maintenance treatment in patients with newly diagnosed advanced BRCAm ovarian cancer after first-line platinum-based chemotherapy.

5.2 The SOLO1 trial has met its primary endpoint, demonstrating a large and significant improvement in progression-free survival (PFS) versus the current

standard of care (routine surveillance, placebo). The final OS analyses will be conducted at 60% maturity (anticipated data cut-off, [redacted]).

Other data

5.3 NHS England's Blueteq database captures the CDF population. NHS England shares Blueteq data with Public Health England for the CDF evaluation purposes. That sharing is governed by a data sharing agreement between NHS England and Public Health England.

5.4 Public Health England identifies, collects, collates, quality-assures and analyses large population-level datasets for specific diseases and conditions, including cancer. These datasets include the Systemic Anti-cancer Therapy (SACT) dataset, which is a mandated dataset as part of the Health and Social Care Information Standards. Public Health England will use the routinely-captured data collected during the period of the data collection arrangement to provide analyses as defined in sections 6.3 and 7.3

5.5 Public Health England will collect data, including via the SACT dataset, alongside the primary source of data collection.

6 Outcome data

Clinical trial

6.1 The SOLO1 final OS analyses will be event-driven and conducted at approximately 60% maturity (anticipated data cut-off, [redacted]). These data will provide an additional 4 years of follow-up relative to the evidence presented in NICE appraisal ID1124 (16 May 2018 data cut-off) and should address clinical uncertainty regarding the long-term survival benefit of olaparib in the population covered by this managed access arrangement.

6.2 In addition, data on progression-free survival 2 (PFS2) will be collected and can be used to update clinical and cost inputs for the economic model. [redacted].

Other data, including SACT

6.3 Data will be collected via Public Health England's routine population-wide datasets, including the SACT dataset. This collection will support data collected in the clinical trial. During the managed access agreement period, Public Health England will collect data to provide information on the numbers with residual disease at 2 years who continue therapy, overall survival and duration of therapy unless it is determined by the SACT Operational Group that no meaningful data will be captured in during the period of data collection.

7 Data analysis plan

Clinical trials

7.1 At the end of the data collection period, final OS data from the SOLO1 trial will be used to update the economic model.

7.2 Any revisions in the timing of the final OS analyses will be communicated with NICE. Regular update meetings will be set to track the progress of data collections by Public Health England.

Other data

7.3 At the end of the data collection period Public Health England will provide a final report for NHS England based on routinely collected population-wide data, including that collected via SACT. The report will present depersonalised summary data, including the total number of patients starting treatment, the numbers with residual disease at 2 years who continue therapy, overall survival and treatment duration. The necessary controls will

be put in place to ensure that patient confidentiality is not put at risk. The report will be shared with AstraZeneca in advance of the planned review of guidance.

7.4 Completeness of SACT dataset reporting will be shared with NHS England and AstraZeneca at regular intervals during the data collection period. Public Health England will provide summary results for time on treatment and survival to NHS England and AstraZeneca on an annual basis, to check the continuing validity of the period of the data collection arrangement.

8 Ownership of the data

8.1 The data being collected from the SOLO1 trial belongs to AstraZeneca. The data collection is being managed under the SOLO1 clinical trial protocol.

8.2 The data analysed by Public Health England is derived from patient-level information collected by the NHS, as part of the care and support of cancer patients. The data is collated, maintained, quality-assured and analysed by the National Cancer Registration and Analysis Service, which is part of Public Health England. Access to the data was facilitated by the Public Health England Office for Data Release. AstraZeneca will not have access to the Public Health England patient data, but will receive de-personalised summary data, with appropriate controls in place to cover this. Public Health England will provide a report to NHS England and AstraZeneca at the end of the managed access period.

8.3 The SACT dataset is a mandated dataset as part of the Health and Social Care Information Standards. All necessary governance arrangements through SACT, and other datasets brought together by Public Health England, have been established with NHS Trusts and NHS England.

8.4 Blueteq's CDF system data is owned by NHS England. NHS England is responsible for implementing Blueteq data collection and generally for

analysis of these data. NHS England, however, shares Blueteq data with Public Health England for CDF evaluation purposes. That sharing is governed by a data sharing agreement between NHS England and Public Health England.

9 Publication

9.1 The details/authorship of any proposed publications arising from these studies will be planned with the publication of the final study results.

9.2 Publication of the analysis results of data collected by Public Health England, including through SACT and the data from Blueteq's CDF system, will be planned and implemented by Public Health England.

10 Data protection

10.1 The terms of clause 7 (data protection) of the managed access agreement, as apply between NHS England and AstraZeneca, shall also apply between the parties to this data collection arrangement in relation to the performance of their obligations under this data collection arrangement

11 Equality considerations

11.1 Do you think there are any equality issues raised in data collection?

☐ Yes ☒ No

Commercial Access Agreement

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The contents of this document have been redacted as they are confidential

- A glossary of terms relating to managed access agreements in the Cancer Drugs Fund is available here.