

## Technology Appraisal Committee Meeting Committee C

**Minutes:** Confirmed

**Date and Time:** Tuesday 18 August 2015, 10:00 to 17:00

**Venue:** National Institute for Health and Care Excellence  
Level 1A, City Tower  
Piccadilly Plaza  
Manchester  
M1 4BT

<b>Present:</b>	1. Chair Professor Andrew Stevens	Present for all notes
	2. Dr David Black	Present for all notes
	3. David Chandler	Present for all notes
	4. Gail Coster	Present for all notes
	5. Professor Peter Crome	Present for all notes
	6. Professor Rachel Elliott	Present for all notes
	7. Dr Nigel Langford	Present for all notes
	8. Dr Anna O'Neill	Present for all notes
	9. Dr Patrick McKiernan	Present for all notes
	10. Dr Paul Miller	Present for notes 10 to 14
	11. Dr Claire Rothery	Present for all notes
	12. Dr Peter Selby	Present for all notes
	13. Prof Matt Stevenson	Present for all notes
	14. Dr Paul Tappenden	Present for all notes
	15. Professor Robert Walton	Present for all notes
	16. Dr Judith Wardle	Present for all notes

### In attendance:

Meindert Boysen	Programme Director, National Institute for Health and Care Excellence	Present for all notes
Dr Frances Sutcliffe	Associate Director, National Institute for Health and Care Excellence	Present for all notes
Lori Farrar	Project Manager, National Institute for Health and Care Excellence	Present for all notes
Joanne Ekeledo	Administrator, National Institute for Health and Care Excellence	Present for all notes
Caroline Hall	Technical Analyst, National Institute for	Present for notes 05 to 09

	Health and Care Excellence	
Dr Sally Doss	Technical Adviser, National Institute for Health and Clinical Excellence	Present for notes 05 to 09
Chris Chesters	Technical Analyst, National Institute for Health and Care Excellence	Present for notes 10 to 14
Joanne Holden	Technical Adviser, National Institute for Health and Clinical Excellence	Present for notes 10 to 14
Ruben Mujica-Mota	ERG Representative	Present for notes 05 to 08
Adeline Durand	ERG Representative	Present for notes 05 to 08
Clive Pritchard	ERG Representative	Present for notes 05 to 08
Maiwenn Al	ERG Representative	Present for notes 10 to 13
Nigel Armstrong	ERG Representative	Present for notes 10 to 13
Dr Guy Pratt	Clinical Expert	Present for notes 05 to 08
Professor Jamie Cavenagh	Clinical Expert	Present for notes 05 to 08
Eric Low	Patient Expert	Present for notes 05 to 08
Stuart Fullerton	Patient Expert	Present for notes 05 to 08
Dr Naureen Starling	Clinical Expert	Present for notes 10 to 13
Dr Wasat Mansoor	Clinical Expert	Present for notes 10 to 13
<b>Non-public observers:</b>		
Bruno Soltermann	NICE Observer	Present for notes all notes
Katy Summerscales	NICE Observer	Present for notes all notes

## Notes

### Welcome

1. The Chair welcomed all members of the Committee and other attendees present to the meeting. The Chair reviewed the agenda and timescales for the meeting, which included the appraisals of Panobinostat for treating multiple myeloma in people who have received at least one prior therapy and Ramucirumab for treating advanced gastric cancer or gastro-oesophageal junction adenocarcinoma after

chemotherapy

2. The Chair informed the Committee of the non-public observers at this meeting: Bruno Soltermann and Katy Summerscales
3. Apologies were received from Professor Andrea Manca, Professor Eugene Milne, Professor Kathryn Abel, Professor Stephen O'Brien, Dr Suzanne Martin and Professor Wasim Hanif

### **Any other Business**

4. None

### **Appraisal of Panobinostat for treating multiple myeloma in people who have received at least one prior therapy**

#### **Part 1 – Open session**

5. The Chair welcomed the invited experts: Dr Guy Pratt, Professor Jamie Cavenagh, Eric Low, Stuart Fullerton, Ruben Mujica-Mota, Adeline Durand and Clive Pritchard to the meeting and they introduced themselves to the Committee.
6. The Chair welcomed company representatives from Novartis to the meeting.
7. The Chair asked all Committee members to declare any relevant interests
  - 7.1. Dr David Black, David Chandler, Gail Coster, Professor Peter Crome, Professor Rachel Elliott, Dr Nigel Langford, Dr Anna O'Neill, Dr Patrick McKiernan, Dr Paul Miller, Dr Claire Rothery, Dr Peter Selby, Prof Matt Stevenson, Dr Paul Tappenden, Professor Robert Walton, Dr Judith Wardle all declared that they knew of no personal specific financial interest, personal non-specific financial interest, non-personal specific financial interest, non-personal non-specific financial interest, personal specific family interest or personal non-specific family interest for any of the technologies to be considered as part of the appraisal of Panobinostat for treating multiple myeloma in people who have received at least one prior therapy.
  - 7.2. Professor Stephen O'Brien declared a non-personal specific financial interest. Novartis funded hotel for OSA conference.
    - 7.2.1 It was agreed that this declaration would not prevent Professor Stephen O'Brien from participating in this section of the meeting.
  - 7.3. Dr Paul Miller conflicted as he has undertaken consultancy work for a comparator company in the last 12 months
  - .
8. The Chair asked all NICE Staff to declare any relevant interests.
  - 8.1. All declared that they knew of no personal specific financial interest, personal non-specific financial interest, non-personal specific financial interest, non-personal non-specific financial interest, personal specific family interest or personal non-specific family interest for any of the technologies to be considered as part of the appraisal of Panobinostat for

treating multiple myeloma in people who have received at least one prior therapy

9. The Chair asked all other invited guests (assessment group/ERG and invited experts, not including observers) to declare their relevant interests.
  - 9.1. All declared that they knew of no personal specific financial interest, personal non-specific financial interest, non-personal specific financial interest, non-personal non-specific financial interest, personal specific family interest or personal non-specific family interest for any of the technologies to be considered as part of the appraisal of Panobinostat for treating multiple myeloma in people who have received at least one prior therapy
  - 9.2. Eric Low declared a personal non-specific financial interest. Myeloma UK has received funding from various pharmaceutical companies.
    - 9.2.1. It was agreed that this declaration would not prevent Eric Low from participating in this section of the meeting
  - 9.3. Professor Jamie Cavenagh declared a personal non-specific financial interest received speakers fees from Janssen, Celgene, Novartis and Amgen]
    - 9.3.1. It was agreed that this declaration would not prevent Professor Jamie Cavenagh from participating in this section of the meeting
  - 9.4. Dr Guy Pratt declared a personal non-specific financial interest received honorary fees from Jansen and Celgene
    - 9.4.1. It was agreed that this declaration would not prevent Dr Guy Pratt from participating in this section of the meeting
10. The Chair introduced the lead team, Dr David Black, Professor Robert Walton and Dr Judith Wardle who gave presentations on the clinical effectiveness and cost effectiveness of Panobinostat for treating multiple myeloma in people who have received at least one prior therapy.
11. The Committee then discussed the clinical effectiveness, patient perspective and cost effectiveness of Panobinostat for treating multiple myeloma in people who have received at least one prior therapy on the basis of the evidence before them, and potential equality issues raised in this appraisal. They sought clarification and advice from the experts present. The discussions included:
  - 11.1. The nature of multiple myeloma, its current clinical management and the place of panobinostat in the treatment pathway.
  - 11.2. The most appropriate comparators for panobinostat
  - 11.3. The clinical-effectiveness results from the PANORAMA-1 clinical trial, which compared panobinostat plus bortezomib and dexamethasone with bortezomib and dexamethasone
  - 11.4. The methods of indirect comparison with lenalidomide plus dexamethasone
  - 11.5. The cost-effectiveness results, the assumptions and the relevance of the company's economic analysis comparing panobinostat plus bortezomib and dexamethasone with lenalidomide plus dexamethasone
  - 11.6. The most plausible ICERs for panobinostat plus bortezomib and dexamethasone
  - 11.7. Whether panobinostat therapy fulfils the end-of-life criteria

- 11.8. The potential for panobinostat to be considered an innovative technology
12. The Chair asked the company representatives whether they wished to comment on any matters of factual accuracy.
  13. The Chair explained that “representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” (Section 1(2) Public Bodies (Admission to Meetings) Act 1960)” and all public attendees left the meeting.
  14. The Chair then thanked the experts and company representatives for their attendance, participation and contribution to the appraisal and they left the meeting.

## **Part 2 – Closed session**

15. Discussion on confidential information continued. This information was supplied by the company.
16. The Committee continued to discuss the clinical and cost effectiveness of Panobinostat for treating multiple myeloma in people who have received at least one prior therapy.
17. The Committee instructed the technical team to prepare the Appraisal Consultation Document (ACD) in line with their decisions.

## **Appraisal of Ramucirumab for treating advanced gastric cancer or gastro-oesophageal junction adenocarcinoma after chemotherapy**

### **Part 1 – Open session**

18. The Chair welcomed the invited experts: Dr Naureen Starling, Dr Wasat Mansoor, Maiwenn Al and Nigel Armstrong to the meeting and they introduced themselves to the Committee.
19. The Chair welcomed company representatives from Eli Lilly and Company to the meeting.
20. The Chair asked all Committee members to declare any relevant interests
  - 20.1. Dr David Black, David Chandler, Gail Coster, Professor Peter Crome, Professor Rachel Elliott, Dr Nigel Langford, Dr Anna O'Neill, Dr Patrick McKiernan, Dr Paul Miller, Dr Claire Rothery, Dr Peter Selby, Prof Matt Stevenson, Dr Paul Tappenden, Professor Robert Walton, Dr Judith Wardle all declared that they knew of no personal specific financial interest, personal non-specific financial interest, non-personal specific financial interest, non-personal non-specific financial interest, personal specific family interest or personal non-specific family interest for any of the technologies to be considered as part of the appraisal of Ramucirumab for treating advanced gastric cancer or gastro-oesophageal junction adenocarcinoma after chemotherapy.
21. The Chair asked all NICE Staff to declare any relevant interests.

- 21.1. All declared that they knew of no personal specific financial interest, personal non-specific financial interest, non-personal specific financial interest, non-personal non-specific financial interest, personal specific family interest or personal non-specific family interest for any of the technologies to be considered as part of the appraisal of Ramucirumab for treating advanced gastric cancer or gastro-oesophageal junction adenocarcinoma after chemotherapy
22. The Chair asked all other invited guests (assessment group/ERG and invited experts, not including observers) to declare their relevant interests.
  - 22.1. All declared that they knew of no personal specific financial interest, personal non-specific financial interest, non-personal specific financial interest, non-personal non-specific financial interest, personal specific family interest or personal non-specific family interest for any of the technologies to be considered as part of the appraisal of [Ramucirumab for treating advanced gastric cancer or gastro-oesophageal junction adenocarcinoma after chemotherapy.
23. The Chair introduced the lead team, Gail Coster, Dr Claire Rothery and Dr Judith Wardle who gave presentations on the clinical effectiveness and cost effectiveness of Ramucirumab for treating advanced gastric cancer or gastro-oesophageal junction adenocarcinoma after chemotherapy
24. The Committee then discussed the clinical effectiveness, patient perspective and cost effectiveness of Ramucirumab for treating advanced gastric cancer or gastro-oesophageal junction adenocarcinoma after chemotherapy on the basis of the evidence before them, and potential equality issues raised in this appraisal. They sought clarification and advice from the experts present. The discussions included:
  - 24.1. The nature of gastric cancer and gastro–oesophageal junction adenocarcinoma
  - 24.2. The most appropriate comparators for the monotherapy and combination therapy populations
  - 24.3. The clinical-effectiveness evidence for ramucirumab
  - 24.4. The network meta-analysis
  - 24.5. The company’s economic models for ramucirumab combination therapy and monotherapy
  - 24.6. The most plausible ICERs for ramucirumab combination therapy and monotherapy
  - 24.7. Whether ramucirumab monotherapy or combination therapy fulfils the end-of-life criteria
  - 24.8. Potential equality issues
25. The Chair asked the company representatives whether they wished to comment on any matters of factual accuracy.
26. The Chair explained that “representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” (Section 1(2) Public Bodies (Admission to Meetings) Act 1960)” and all public attendees left the meeting.

27. The Chair then thanked the experts and company representatives for their attendance, participation and contribution to the appraisal and they left the meeting.

## **Part 2 – Closed session**

28. Discussion on confidential information continued. This information was supplied by the company.
29. The Committee continued to discuss the clinical and cost effectiveness of Ramucirumab for treating advanced gastric cancer or gastro-oesophageal junction adenocarcinoma after chemotherapy
30. The Committee instructed the technical team to prepare the Appraisal Consultation Document (ACD) in line with their decisions.

## **Date, time and venue of the next meeting**

Tuesday, 22 September 2015, 10:00 to 17:00  
National Institute for Health and Care Excellence, Level 1A, City Tower, Piccadilly Plaza,  
Manchester M1 4BT