Technology Appraisal Committee Meeting Committee C

Minutes: Confirmed

Date and Time: **Tuesday 22 September 2015**, 10:00 to 17:00

Venue:

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

Present:	1. Chair Professor Andrew Stevens	Present for all notes
	2. Professor Kathryn Abel	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 Iain Miller	Present for all notes
	9. Professor Eugene Milne	Present for all notes
	10. Professor Andrea Manca	Present for all notes
	11. Professor Stephen O'Brien	Present for all notes
	12. Dr Anna O'Neill	Present for all notes
	13. Dr Peter Selby	Present for all notes
	14. Prof Matt Stevenson	Present for all notes
	15. Dr Paul Tappenden	Present for all notes
	16. Dr Robert Walton	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 notes 01 to 19
Helen Knight	Associate Director, National Institute for Health and Care Excellence	Present for notes 20 to 24
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
Helen Tucker	Technical Analyst, National Institute for Health and Care Excellence	Present for notes 05 to 09
Nicola Hay	Technical Adviser, National Institute for Health and Clinical Excellence	Present for notes 05 to 09
Jasdeep Hayre	Technical Analyst, National Institute for Health and Care Excellence	Present for notes 10 to 14
Linda Landells	Technical Adviser, National Institute for Health and Clinical Excellence	Present for notes 10 to 14
Pilar Pinilla-Dominguez	Technical Analyst, National Institute for Health and Care Excellence	Present for notes 15 to 19
Raisa Sidhu	Technical Adviser, National Institute for Health and Clinical Excellence	Present for notes 15 to 19
Carl Prescott	Technical Analyst, National Institute for Health and Care Excellence	Present for notes 20 to 24
Ros Wade	ERG Representative	Present for notes 05 to 08
Robert Hodgson	ERG Representative	Present for notes 05 to 08
Nerys Woolacott	ERG Representative	Present for notes 05 to 08
Graham Scotland	ERG Representative	Present for notes 10 to 13
Mehdi Javanbakht	ERG Representative	Present for notes 10 to 13
Miriam Brazzelli	ERG Representative	Present for notes 10 to 13
William Simpson	ERG Representative	Present for notes 10 to 13
Nigel Fleeman	ERG Representative	Present for notes 15 to 18

Adrian Bagust	ERG Representative	Present for notes 15 to 18
Dr Tim Somervaille	Clinical Expert	Present for notes 05 to 08
Professor Claire Harrison	Clinical Expert	Present for notes 05 to 08
Caroline Thomas	Patient Expert	Present for notes 05 to 08
Dr Adie Viljoen	Clinical Expert	Present for notes 10 to 13
Professor Anne-Marie Kelly	Clinical Expert	Present for notes 10 to 13
Stephen Boley	Patient Expert	Present for notes 10 to 13
Non-public observers:		
Jessica Fielding	NICE Observer	Present for notes 01 to 13
Cheryl Hookway	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 Ruxolitinib for disease-related splenomegaly or symptoms in adults with myelofibrosis (review of TA289), Ezetimibe for the treatment of primary (heterozygous-familial and non-familial) hypercholesterolemia (review of TA132), Ciclosporin for treatment with artificial tears which has not imporved after treatment with artificial tears and Erlotinib and gefitinib for treating non-small-cell lung cancer that has progressed following prior chemotherapy (Review of TA162 and TA175).

2. The Chair informed the Committee of the non-public observers at this meeting: Jessica Fielding and Cheryl Hookway

3. Apologies were received from Dr Claire Rothery, Dr David Black, Dr Patrick McKiernan, Dr Suzanne Martin, Professor Wasim Hanif and Dr Paul Miller

Any other Business

4. None

Appraisal of Ruxolitinib for disease-related splenomegaly or symptoms in adults with myelofibrosis (review of TA289)

Part 1 – Open session

5. The Chair welcomed the invited experts: Ros Wade, Robert Hodgson, Nerys Woolacott, Dr Tim Somervaille, Professor Claire Harrison and Caroline Thomas 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. Professor Kathryn Abel, David Chandler, Gail Coster, Professor Peter Crome, Professor Rachel Elliot, Dr Nigel Langford, Dr Iain Miller, Professor Eugene Milne, Professor Andrea Manca, Professor Stephen O'Brien, Dr Anna O'Neill, Dr Peter Selby, Prof Matt Stevenson, Dr Paul Tappenden, Professor Robert Walton 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 Ruxolitinib for disease-related splenomegaly or symptoms in adults with myelofibrosis (review of TA289).

7.2. Professor Stephen O'Brien declared a non-personal specific financial interest as his University have received research funding and conducted clinical trials for the company.
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 Tappenden declared a non-personal specific financial interest as ScHARR have received funding from Novartis.
7.3.1 It was agreed that this declaration would prevent Dr Paul Tappenden from participating in this section of the meeting.

7.4. Professor Matt Stevenson declared a non-personal specific financial interest as ScHARR have received funding from Novartis.
7.3.1 It was agreed that this declaration would prevent Professor Matt Stevenson from participating in this section of the meeting.

7.5. Dr Paul Miller is conflicted, he has undertaken consultancy for a comparator company in the past 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 Ruxolitinib for disease-related splenomegaly or symptoms in adults with myelofibrosis (review of TA289).

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 Ruxolitinib for disease-related splenomegaly or symptoms in adults with myelofibrosis (review of TA289).

9.2. Dr Tim Somervaille declared a personal non-specific financial interest as has received research funding and speaker fees from Novartis

9.2.1. It was agreed that this declaration would not prevent Dr Tim Somervaille from participating in this section of the meeting

9.3. Professor Claire Harrison declared a personal non-specific financial interest as she has received research funding and speaker fees from Novartis

9.3.1. It was agreed that this declaration would not prevent Professor Claire Harrison from participating in this section of the meeting

10. The Chair introduced the lead team, Dr Paul Tappenden, Professor Peter Crome and David Chandler who gave presentations on the clinical effectiveness and cost effectiveness of. Ruxolitinib for disease-related splenomegaly or symptoms in adults with myelofibrosis (review of TA289).

11. The Committee proceeded to discuss the clinical effectiveness and cost effectiveness of Ruxolitinib for disease-related splenomegaly or symptoms in adults with myelofibrosis (review of TA289). on the basis of the evidence before them. The discussions included:

11.1. The impact of splenomegaly and myelofibrosis on patients and their families

11.2. Current clinical management and treatment options for people with splenomegaly and myelofibrosis in England

11.3. The clinical effectiveness of ruxolitinib including:

- The generalisability of the results from the COMFORT trials and the 4 non-RCT studies presented by the company.
- The clinical relevance of the treatments in the 'best available therapy' comparator arm of the COMFORT II trial.
- The clinical-effectiveness evidence for ruxolitinib on spleen size and spleen volume.
- The clinical effectiveness evidence for ruxolitinib on overall survival.
- The adverse events associated with ruxolitinib

11.4. The cost effectiveness of ruxolitinib including:

The company's base case analysis and the ERG's critique

The ERG's exploratory analysis

- The most plausible ICER for patients with intermediate-2 or high--risk myelofibrosis and the level of uncertainty surrounding it.
- Whether there were any potential equalities issues relevant to this appraisal.
- Whether ruxolitinib fulfilled the criteria for a life-extending, end-of-life treatment.

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 Ruxolitinib for disease-related splenomegaly or symptoms in adults with myelofibrosis (review of TA289).

17. The Committee instructed the technical team to prepare the Appraisal Consultation Document (ACD) in line with their decisions.

Appraisal of Ezetimibe for the treatment of primary (heterozygous-familial and non-familial) hypercholesterolemia (review of TA132)

Part 1 – Open session

18. The Vice Chair welcomed the invited experts: Dr Adie Viljoen, Professor Anne-Marie Kelly, Stephen Boley, Graham Scotland, Mehdi Javanbakht, Miriam Brazzelli and William Simpson to the meeting and they introduced themselves to the Committee.

19. The Vice Chair welcomed company representatives from Merck Sharpe & Dohme to the meeting.

20. The Chair asked all Committee members to declare any relevant interests

    20.1. Professor Kathryn Abel, David Chandler, Gail Coster, Professor Peter Crome, Professor Rachel Elliot, Dr Nigel Langford, Dr Iain Miller, Professor Andrew Stevens , Professor Andrea Manca, Professor Stephen O’Brien, Dr Anna O’Neill, Dr Peter Selby, Prof Matt Stevenson, Dr Paul Tappenden, Professor Robert Walton 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 Ezetimibe for the treatment of primary (heterozygous-familial and non-familial) hypercholesterolemia (review of TA132).

20.2. Dr Paul Miller is conflicted, he has worked for the comparator company in the past 12 months

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 Ezetimibe for the treatment of primary (heterozygous-familial and non-familial) hypercholesterolemia (review of TA132).

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 Ezetimibe for the treatment of primary (heterozygous-familial and non-familial) hypercholesterolemia (review of TA132).

23. The Chair introduced the lead team, Professor Andrea Manca, Professor Robert Walton and David Chandler who gave presentations on the clinical effectiveness and cost effectiveness of Ezetimibe for the treatment of primary (heterozygous-familial and non-familial) hypercholesterolemia (review of TA132).

24. The Committee then discussed the clinical effectiveness, patient perspective and cost effectiveness of Ezetimibe for the treatment of primary (heterozygous-familial and non-familial) hypercholesterolemia (review of TA132 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. Determining the current treatment pathway for people with primary hypercholesterolaemia.
24.2. The completeness of the evidence provided by the company.
24.3. The relevance of the results from the clinical trials, IMPROVE-IT, SHARP and SEAS.
24.4. The acceptability of using cholesterol levels to link to cardiovascular outcomes.
24.5. The appropriateness of the company's approach to data synthesis, and the results of the meta-analyses.
24.6. The plausibility of the assumptions used for the modelling approach and structure of the cost-effectiveness model presented by the company.
24.7. The acceptability of the assumptions used for the treatment effect of ezetimibe and other inputs in the cost-effectiveness model presented by the company.

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. The Committee continued to discuss the clinical and cost effectiveness of Ezetimibe for the treatment of primary (heterozygous-familial and non-familial) hypercholesterolemia (review of TA132).

29. The Committee instructed the technical team to prepare the Appraisal Consultation Document (ACD) in line with their decisions.

Appraisal of Ciclosporin for treatment with artificial tears which has not improved after treatment with artificial tears

Part 1 – Open session

30. The Chair welcomed the invited experts: Nigel Fleeman and Adrian Bagust to the meeting and they introduced themselves to the Committee.

31. The Chair welcomed company representatives from Santen GmbH to the meeting.

32. The Chair asked all Committee members to declare any relevant interests

    32.1. Professor Kathryn Abel, David Chandler, Gail Coster, Professor Peter Crome, Professor Rachel Elliot, Dr Nigel Langford, Dr Iain Miller, Professor Eugene Milne, Professor Andrea Manca, Professor Stephen O'Brien, Dr Anna O'Neill, Dr Peter Selby, Prof Matt Stevenson, Dr Paul Tappenden, Professor Robert Walton 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 Ciclosporin for treatment with artificial tears which has not improved after treatment with artificial tears

33. The Chair asked all NICE Staff to declare any relevant interests.

    33.1. 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 Ciclosporin for treatment with artificial tears which has not improved after treatment with artificial tears

34. The Chair asked all other invited guests (assessment group/ERG and invited experts, not including observers) to declare their relevant interests.

    34.1. 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 Ciclosporin for treatment with artificial tears which has not improved after treatment with artificial tears

35. The Chair introduced the key themes arising from the consultation responses to the Appraisal Consultation Document (ACD) received from consultees, commentators and through the NICE website

36. The Committee proceeded to discuss the clinical effectiveness and cost effectiveness of Ciclosporin for treatment with artificial tears which has not improved after treatment with artificial tears on the basis of the evidence before them. The discussions included:

    36.1. The response from the company to the Committee's request for further evidence described in the appraisal consultation document, including the updated systematic review and cost-effectiveness model comparing ciclosporin plus corticosteroids (if needed) and artificial tears with vehicle plus corticosteroids (if needed) and artificial tears.
    36.2. The relevance of considering ciclosporin (Ikervis) in comparison with other ciclosporin formulations available in the NHS.
    36.3. The results of the cost-minimisation analysis presented by the company comparing ciclosporin (Ikervis) with other ciclosporin formulations and the differences between the results from this and the ones from the ERG's cost-minimisation analysis.

    36.4. The potential implications of the PPRS 2014 for this appraisal

37. The Chair asked the company representatives whether they wished to comment on any matters of factual accuracy.

38. 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.

39. 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

40. The Committee continued to discuss the clinical and cost effectiveness of Ciclosporin for treatment with artificial tears which has not improved after treatment with artificial tears

41. The Committee instructed the technical team to prepare the Appraisal Consultation Document (ACD) in line with their decisions.

Appraisal of Erlotinib and gefitinib for treating non-small-cell lung cancer that has progressed following prior chemotherapy (Review of TA162 and TA175)

Part 1 – Open session

42. The Chair welcomed company representatives from Roche to the meeting.

43. The Chair asked all Committee members to declare any relevant interests

    43.1. Professor Kathryn Abel, David Chandler, Gail Coster, Professor Peter Crome, Professor Rachel Elliot, Dr Nigel Langford ,Dr Ian Miller, Professor Eugene Milne, Professor Andrea Manca, Professor Stephen O'Brien, Dr Anna O'Neill, Dr Peter Selby, Prof Matt Stevenson, Dr Paul Tappenden, Professor Robert Walton 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 Erlotinib and gefitinib for treating non-small-cell lung cancer that has progressed following prior chemotherapy (Review of TA162 and TA175)

    43.2. Dr Paul Miller is conflicted, he has worked for the comparator company in the past 12 months

44. The Chair asked all NICE Staff to declare any relevant interests.

    44.1. 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 Ciclosporin for treatment with artificial tears which has not improved after treatment with artificial tears

45. The Chair introduced the key themes arising from the consultation responses to the Appraisal Consultation Document (ACD) received from consultees, commentators and through the NICE website

46. The Committee proceeded to discuss the clinical effectiveness and cost effectiveness of Erlotinib and gefitinib for treating non-small-cell lung cancer that has progressed following prior chemotherapy (Review of TA162 and TA175) on the basis of the evidence before them. The discussions included:

    46.1. Consideration of the relevance of the Pharmaceutical Price Regulation Scheme for this topic

47. The Chair asked the company representatives whether they wished to comment on any matters of factual accuracy.

48. 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.

49. 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

50. The Committee continued to discuss the clinical and cost effectiveness of Erlotinib and gefitinib for treating non-small-cell lung cancer that has progressed following prior chemotherapy (Review of TA162 and TA175). The Committee:

51. The Committee instructed the technical team to prepare the Final Appraisal Determination (FAD) in line with their decisions.

Date, time and venue of the next meeting

Tuesday, 20 October 2015, 10:00 to 17:00 at National Institute for Health and Care Excellence, Level 1A, City Tower, Piccadilly Plaza, Manchester M1 4BT.