



**National Institute for
Health and Clinical Excellence**

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Ref : 2009/070

PRESS RELEASE

NICE to publish final guidance on topotecan for the treatment of small-cell lung cancer and preliminary recommendations for bevacizumab for metastatic colorectal cancer

NICE will be making two announcements on cancer treatments this week. Final guidance will be published on 25 November that recommends the use of topotecan as a second line treatment for relapsed lung cancer, and preliminary recommendations published for consultation today (24 November) state that the use of bevacizumab for the treatment of metastatic colorectal cancer does not represent a cost-effective use of NHS resources.

The final guidance brings the total number of cancer drugs appraised by NICE to 79, of which 59 (75%) have recommended the use of the drug.

The final guidance on use of topotecan recommends the oral form of the drug as an option for people with relapsed small-cell lung cancer for whom retreatment with their previous treatment is not considered suitable and who cannot take the combination of cyclophosphamide, doxorubicin and vincristine (CAV).

Dr Carole Longson, Health Technology Evaluation Centre Director at NICE

said: “Under the arrangements introduced by NICE for appraising life-extending, end-of-life treatments, the independent Appraisal Committee has concluded that oral topotecan should be recommended for use.

“Around 38,000 people are diagnosed every year with small cell lung cancer, making up 10–20% of total lung cancer cases. It grows rapidly and spreads quickly to other

parts of the body, meaning the prognosis is poor. Without treatment, it has an aggressive clinical course leaving patients with a life expectancy of approximately 3.5 months for limited-stage disease and 6 weeks for extensive-stage disease. We are pleased to be able to recommend topotecan as an alternative treatment for relapsed lung cancer patients who cannot receive CAV.”

The guidance does not recommend intravenous topotecan for people with relapsed small-cell lung cancer. People with relapsed small-cell lung cancer currently receiving oral topotecan who do not meet the criteria, or who are receiving intravenous topotecan should have the option to continue their treatment until they and their clinicians consider it appropriate to stop.

Commenting on the draft guidance on bevacizumab for metastatic colorectal cancer, **Dr Longson said:** “NICE has the difficult task of ensuring that NHS money is spent effectively, and in doing so it has to balance the additional therapeutic benefit offered by these new treatments against their cost. Before making these preliminary recommendations, the independent Advisory Committee considered the manufacturer’s cost-effectiveness estimates, the proposed patient access scheme and the published evidence on the effectiveness of bevacizumab in treating metastatic colorectal cancer.

“The Committee recognised that bevacizumab may provide benefits in terms of clinical effectiveness. However, the uncertainties in the economic analysis provided by the manufacturer and, in particular, the proposed patient access scheme led the Committee to conclude that the high cost of bevacizumab relative to the benefits it brings means that it is not a cost-effective use of NHS resources for the treatment of metastatic colorectal cancer. The manufacturer proposed a complex patient access scheme. The Committee felt that the scheme does not reflect routine clinical practice, that the administration costs were likely to be higher than the manufacturer had indicated, and that it was by no means certain that the impact of the scheme on the cost effectiveness of bevacizumab would be in line with the manufacturer’s claims.

“The draft guidance on bevacizumab is now out for consultation. We hope that the manufacturer will consider carefully the views of the appraisal committee and respond to their concerns and uncertainties for the benefit of bowel cancer patients.”

Ends

Notes to Editors

About the guidance

1. The guidance on topotecan is available at: <http://www.nice.org.uk/TA184> (from 25 November).
2. The draft guidance on bevacizumab is available at <http://guidance.nice.org.uk/TA/Wave19/52> (from 24 November)

About NICE

3. The National Institute for Health and Clinical Excellence (NICE) is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.
4. NICE produces guidance in three areas of health:
 - **public health** – guidance on the promotion of good health and the prevention of ill health for those working in the NHS, local authorities and the wider public and voluntary sector
 - **health technologies** – guidance on the use of new and existing medicines, treatments and procedures within the NHS
 - **clinical practice** – guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS.