



**National Institute for
Health and Clinical Excellence**

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PRESS RELEASE

**NICE consults again on appraisal of bevacizumab
for the treatment of metastatic colorectal cancer**

NICE is issuing a second consultation document as part of its appraisal of bevacizumab (Avastin) in combination with chemotherapy (oxaliplatin and either 5-fluorouracil or capecitabine) for treating metastatic colorectal cancer. This second draft of the guidance does not recommend bevacizumab for this indication.

This draft guidance has been issued for consultation. NICE has not yet issued final guidance to the NHS.

During consultation on the first draft, the manufacturer of bevacizumab, Roche Products, submitted an amended patient access scheme for consideration by the Independent Appraisal Committee. The Committee, made up of representatives from the NHS, academia, patient groups and industry, has now discussed this additional information, but still considers 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.

It is estimated that approximately 6,500 people per year might be eligible for the drug, which costs around £20,800 per patient.

Opening this decision to a second stage of consultation means that stakeholders have a further chance to submit comments to the appraisal committee in light of the new information.

Sir Andrew Dillon, Chief Executive of NICE said: “We have recommended several treatments for various stages of colorectal cancer, including cetuximab for the first-line treatment of metastatic colorectal cancer. We are disappointed not to be able to recommend bevacizumab as well but we have to be confident that the benefits justify the considerable cost of this drug.”

In the original proposed patient access scheme, bevacizumab would be supplied at a fixed cost of approximately £20,800 per patient for one year and would be free after 12 months of treatment. The cost of oxaliplatin would also be reimbursed. The new scheme included all these elements plus an additional upfront payment to the NHS for each person starting first-line treatment with bevacizumab.

The Committee felt the proposed patient access scheme was complex and the administrative costs were likely to be higher than in the manufacturer's calculations. It was therefore uncertain what the impact of the scheme would be on the cost effectiveness of bevacizumab

Consultees, healthcare professionals and members of the public are now able to comment on the preliminary recommendations which are available for public consultation from 24 August until 15 September at www.nice.org.uk. Comments received during this consultation will be fully considered by the Committee and following this meeting the next draft guidance will be issued.

Until NICE issues final guidance, NHS bodies should make decisions locally on the funding of specific treatments. People who are currently receiving bevacizumab should have the option to continue therapy until they and their clinicians consider it appropriate to stop

Ends

Notes to Editors

About the guidance

1. Information on the NICE appraisal of bevacizumab in combination with oxaliplatin and either 5-fluorouracil or capecitabine for the treatment of metastatic colorectal cancer and the consultation documents are available at <http://guidance.nice.org.uk/TAWave19/52>.
2. Metastatic colorectal cancer is when the primary cancer has spread from the colon or rectum to other parts of the body, such as the liver. It can be a devastating disease for both the patient and their family.
3. NICE has previously recommended Irinotecan, oxaliplatin, capecitabine, tegafur with uracil and cetuximab for the treatment of various stages of colorectal cancer.
4. One study shows that bevacizumab may provide modest benefits to patients, but the available evidence is highly uncertain.
5. Although the Committee recognised that bevacizumab may give patients an extra six weeks of life compared with placebo, there were simply too many uncertainties in the economic analysis to be able to recommend the drug for use in the NHS. The also Committee felt that the PAS was complex and the administration costs had been underestimated in the manufacturers ICER calculations.

About NICE

6. 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.
7. 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.