

Appraisal published	Technology Appraisal Number	Appraisal title	NICE recommendation	Explanation of Decision
November 2008	TA162	Erlotinib for non-small-cell lung cancer	Yes, under specific conditions relating to the patient group eligible for treatment	Erlotinib is recommended for use in patients who would otherwise be eligible for treatment with docetaxel monotherapy, i.e.it is recommended as an alternative to docetaxel as a second-line treatment option for patients with non-small-cell lung cancer
March 2009	TA169	Sunitinib for the first line treatment of advanced and/or metastatic renal cell carcinoma	Yes, under specific conditions relating to the patient group eligible for treatment	The Committee concluded that sunitinib as a first-line treatment for advanced and/or metastatic RCC could be recommended as a cost-effective use of NHS resources, if a patient has an ECOG performance status of 0 or 1 and there are no further treatment options recommended by NICE after first-line sunitinib treatment
June 2009	TA172	Head and neck cancer (squamous cell carcinoma) - cetuximab	No	This decision was made due to uncertainty surrounding the cost-effectiveness of this treatment
June 2009	TA171	Lenalidomide for multiple myeloma	Yes, under specific conditions relating to the patient group eligible for treatment	Lenalidomide in combination with dexamethasone is recommended, as an option for the treatment of multiple myeloma only in people who have received two or more prior therapies.
July 2009	TA174	Rituximab for first-line treatment of chronic lymphocytic leukaemia	Yes, under specific conditions relating to the patient group eligible for treatment	Rituximab in combination with fludarabine and cyclophosphamide is recommended as an option for the first-line treatment of chronic lymphocytic leukaemia in people for whom fludarabine in combination with cyclophosphamide is considered appropriate
August 2009	TA176	Cetuximab for Colorectal Cancer (first line)	<p>Cetuximab in combination with 5-fluorouracil, folinic acid and oxaliplatin - Yes, under specific conditions</p> <p>Cetuximab in combination with 5-fluorouracil, folinic acid and irinotecan – Yes under specific conditions</p>	<p>Cetuximab in combination with 5-fluorouracil (5-FU), folinic acid and oxaliplatin (FOLFOX), within its licensed indication, is recommended for the first-line treatment of metastatic colorectal cancer only when all of the following criteria are met:</p> <ul style="list-style-type: none"> • The primary colorectal tumour has been resected or is potentially operable. • The metastatic disease is confined to the liver and cannot be removed by surgery • The patient is fit enough to undergo surgery to remove the primary colorectal tumour and to undergo liver surgery if the metastases become small enough to be surgically removed after treatment with cetuximab. • The manufacturer rebates 16% of the amount of cetuximab used on a per patient basis.

			Specific conditions relate to the patient group eligible for treatment and rules about how long patients should receive treatment for (i.e. a continuation rule).	<p>Cetuximab in combination with 5-FU, folinic acid and irinotecan (FOLFIRI), within its licensed indication, is recommended for the first-line treatment of metastatic colorectal cancer only when all of the following criteria are met:</p> <ul style="list-style-type: none"> • The primary colorectal tumour has been resected or is potentially operable. • The metastatic disease is confined to the liver and cannot be removed by surgery • The patient is fit enough to undergo surgery to remove the primary colorectal tumour and to undergo liver surgery if the metastases become small enough to be surgically removed after treatment with cetuximab. • The patient is unable to tolerate or has contraindications to oxaliplatin. <p>Patients should receive treatment with cetuximab for no more than 16 weeks. At 16 weeks, treatment with cetuximab should stop and the patient should be assessed for resection of liver metastases.</p>
September 2009	TA178	Bevacizumab for the first-line treatment of advanced and/or metastatic renal cell carcinoma	No	This decision was made to due uncertainty surrounding the clinical and cost-effectiveness of this treatment. The Committee concluded that with such limited evidence, it could not consider bevacizumab plus IFN- α as a clinically effective first-line treatment for people with poor prognosis, suitable for immunotherapy with advanced and/or metastatic RCC.
		Sorafenib for the first and second-line treatment of advanced and/or metastatic renal cell carcinoma	No	<p><u>First-line</u> The Committee concluded that, with such weak evidence, it could not consider sorafenib as a clinically effective first-line treatment for people with advanced RCC who were unsuitable for immunotherapy</p> <p><u>Second-line</u> Reasons for not recommending treatment were due to lack of robust data and uncertain cost-effectiveness</p>
		Sunitinib for the second-line treatment of advanced and/or metastatic renal cell carcinoma	No	This decision was made due to uncertainty surrounding the clinical and cost-effectiveness of this treatment. In the absence of robust data, the Committee concluded that sunitinib could not be considered a clinically effective second-line treatment for people with advanced and/or metastatic RCC in whom immunotherapy had failed.
		Temsirolimus for the first-line treatment of advanced and/or metastatic renal cell carcinoma	No	This decision was made to due uncertainty surrounding the clinical and cost-effectiveness of this treatment. The Committee concluded that temsirolimus had not been shown to be a clinically effective first-line treatment for people

				with advanced RCC and a poor prognosis and who were unsuitable for immunotherapy
	TA181	Pemetrexed for the first-line treatment of non-small-cell lung cancer	Yes, under specific conditions relating to the patient group eligible for treatment	Pemetrexed in combination with cisplatin is recommended only if the histology of the tumour has been confirmed as adenocarcinoma or large-cell carcinoma.
September 2009	TA179	Sunitinib for gastrointestinal stromal tumours	Yes, under specific conditions relating to the patient group eligible for treatment	Sunitinib is recommended, within its licensed indication, as a treatment option for people with unresectable and/or metastatic malignant gastrointestinal stromal tumours if imatinib treatment has failed because of resistance or intolerance.
October 2009	TA183	Topotecan for Cervical Cancer (recurrent)	Yes, under specific conditions relating to the patient group eligible for treatment	Topotecan in combination with cisplatin is recommended as a treatment option for women with recurrent or stage IVB cervical cancer only if they have not previously received cisplatin
November 2009	TA184	Topotecan for lung cancer (small-cell)	Oral topotecan - Yes, under specific conditions relating to the patient group eligible for treatment Intravenous topotecan - No	<u>Oral topotecan</u> Oral topotecan is recommended as an option only for people with relapsed small-cell lung cancer for whom: <ul style="list-style-type: none"> • re-treatment with the first-line regimen is not considered appropriate and • the combination of cyclophosphamide, doxorubicin and vincristine (CAV) is contraindicated (for details of the contraindications to CAV see the summary of product characteristics for each of the component drugs). <u>Intravenous topotecan</u> Was not recommended as it is not a cost-effective use of NHS resources when compared to best supportive care
February 2010	TA185	Trabectedin for soft tissue sarcoma	Yes, under specific conditions relating to the patient group eligible for treatment	Trabectedin is recommended as a treatment option for people with advanced soft tissue sarcoma if: treatment with anthracyclines and ifosfamide has failed or they are intolerant of or have contraindications for treatment with anthracyclines and ifosfamide