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Carmustine implants for the treatment of recurrent glioblastoma multiforme (terminated appraisal)

Advice

NICE is unable to recommend the use in the NHS of carmustine implants as an adjunct to surgery in patients with recurrent glioblastoma multiforme for whom surgical resection is indicated because no evidence submission was received from the manufacturer or sponsor of the technology.

Background

The manufacturer of carmustine implants (Archimedes Pharma UK) was invited to submit evidence for this single technology appraisal in May 2007.

NICE did not receive a submission from the manufacturer that followed the specification for manufacturer or sponsor submissions of evidence for single technology appraisal and NICE's methodological reference case.

In July 2007, the manufacturer sent a 'submission statement' to NICE. In this statement the manufacturer expressed the view that following the publication of 'Carmustine implants and temozolomide for the treatment of newly diagnosed high-grade glioma' (NICE technology appraisal guidance 121) most patients will have received previous treatment with carmustine implants before they undergo subsequent surgery for recurrent glioblastoma. However, the manufacturer stated that all of the available data are from recurrent glioblastoma patients who have not previously received treatment with carmustine implants. Therefore the data do not reflect current clinical practice and it would not be possible to draw valid conclusions on cost effectiveness. The manufacturer also commented that only a small number of patients would undergo subsequent surgery for recurrent glioblastoma in England and Wales each year.

NICE has therefore terminated this single technology appraisal.

Information

NHS organisations should take into account the reasons why the manufacturer did not make an evidence submission when considering

whether or not to recommend local use of carmustine implants as an adjunct to surgery in patients with recurrent glioblastoma multiforme for whom surgical resection is indicated. If, after doing this, organisations still wish to consider the use of carmustine implants for the treatment of recurrent glioblastoma multiforme, they should follow the advice set out in 'Good practice guidance on managing the introduction of new healthcare interventions and links to NICE technology appraisal guidance' (www.dh.gov.uk/en/DH_064983) which outlines the approach that should be adopted in circumstances where NICE guidance is unavailable.

NICE will review the position at any point if the manufacturer indicates that it wishes to make a full submission.

Related NICE guidance

For information about NICE guidance that has been issued or is in development, see the website (www.nice.org.uk).

Published

- Carmustine implants and temozolomide for the treatment of newly diagnosed high-grade glioma. NICE technology appraisal guidance 121 (2007). Available from: www.nice.org.uk/TA121
- Improving outcomes for people with brain and other CNS tumours. NICE cancer service guidance (2006). Available from: <http://www.nice.org.uk/csgbraincns>
- Guidance on the use of temozolomide for the treatment of recurrent malignant glioma (brain cancer). NICE technology appraisal guidance 23 (2001). Available from: www.nice.org.uk/TA023

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