

## Quick reference guide

# Irinotecan, oxaliplatin and raltitrexed for the treatment of advanced colorectal cancer (review of Technology Appraisal 33)

**NOTE:** This guidance replaces Technology Appraisal Guidance No. 33, issued in March 2002.

The Institute reviews each piece of guidance it issues. The review and re-appraisal of the use of irinotecan, oxaliplatin and raltitrexed for the treatment of advanced colorectal cancer has resulted in a change in the guidance. Specifically there has been:

- a recommendation of the use of irinotecan in combination with 5-fluorouracil and folinic acid as first-line therapy, and irinotecan alone in subsequent therapy
- a recommendation of the use of oxaliplatin in combination with 5-fluorouracil and folinic acid as first-line or subsequent therapy.

## 1 Guidance

1.1 Irinotecan and oxaliplatin, within their licensed indications, are recommended as treatment options for people with advanced colorectal cancer as follows:

- irinotecan in combination with 5-fluorouracil and folinic acid as first-line therapy, or irinotecan alone in subsequent therapy
- oxaliplatin in combination with 5-fluorouracil and folinic acid as first-line or subsequent therapy.

1.2 Raltitrexed is not recommended for the treatment of patients with advanced colorectal cancer. Its use for this patient group should be confined to appropriately designed clinical studies.

1. currently all patients requiring first-line therapy are treated with 5-fluorouracil and folinic acid in the modified de Gramont regimen and all patients requiring second-line therapy are treated with irinotecan alone; or
2. 50% of patients are already being offered combination therapy with either irinotecan or oxaliplatin in first- and/or second-line therapy.

The second scenario is consistent with a manufacturer's submission.

2.1.2 The resource impact calculation uses lifetime costs of treatment derived from the GERCOR trial. It uses the standard comparator of the FOCUS trial to calculate current baseline expenditure, but note that the costs of this regimen are likely to be an underestimate. It is assumed that, when the recommendations in this guidance are implemented, patients will predominantly be using the GERCOR regimen (oxaliplatin with 5-fluorouracil and folinic acid as second-line therapy). This assumption is consistent with the licensed indications of oxaliplatin and irinotecan.

2.1.3 If scenario 1 reflects current spending on chemotherapy for advanced colorectal cancer, this equates to approximately £153 million each year.

## 2 Implementation

### 2.1 Implications for the NHS

2.1.1 The Assessment Group estimated that each year approximately 13,000 patients are treated with first-line therapy and 7000 of those receive second-line therapy for advanced colorectal cancer. Although specific data are not available on current use of chemotherapy for advanced colorectal cancer, two scenarios are feasible:

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### This guidance is written in the following context

This guidance represents the view of the Institute, which was arrived at after careful consideration of the available evidence. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. This guidance does not, however, override the individual responsibility of healthcare professionals to make appropriate decisions in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

If scenario 2 is used to calculate lifetime costs for the combination therapies this equates to approximately £233 million each year.

- 2.1.4 Assuming an equal uptake of the guidance for both scenarios (of between 20 and 50%) the resource impact for the NHS would equate to extra spending of between £32 million and £80 million for scenario 1, and between £32 million and £48 million for scenario 2 in the first year after publication of the guidance.

## 2.2 Local implementation and audit

- 2.2.1 Clinicians with responsibility for treating people with advanced colorectal cancer should review their current practice and policies to take account of the guidance set out in Section 1.
- 2.2.2 Local guidelines, protocols or care pathways that refer to the care of people with advanced colorectal cancer should incorporate the guidance.
- 2.2.3 Suggestions for audit to measure compliance locally with the guidance are included in the full guidance (see Further information).

## Further information

### Quick reference guide

This has been distributed to health professionals working in the NHS in England and Wales (see [www.nice.org.uk/TA093distributionlist](http://www.nice.org.uk/TA093distributionlist)). It is available from [www.nice.org.uk/TA093quickrefguide](http://www.nice.org.uk/TA093quickrefguide)

For printed copies, phone the NHS Response Line on 0870 1555 455 (quote reference number N0906).

### Full guidance

This contains the following sections: 1 Guidance; 2 Clinical need and practice; 3 The technology; 4 Evidence and interpretation; 5 Recommendations for further research; 6 Implications for the NHS; 7 Implementation and audit; 8 Related guidance; 9 Review of guidance. The full guidance also gives details of the Appraisal Committee, the sources of evidence considered and suggested criteria for audit. It is available from [www.nice.org.uk/TA093guidance](http://www.nice.org.uk/TA093guidance)

## Information for the public

Information for people with advanced colorectal cancer, their families and carers, and the public is available from [www.nice.org.uk/TA093publicinfo](http://www.nice.org.uk/TA093publicinfo)

For printed copies, phone the NHS Response Line on 0870 1555 455 (quote reference number N0907).

## Related guidance

This guidance is a review of:

- Guidance on the use of irinotecan, oxaliplatin and raltitrexed for the treatment of advanced colorectal cancer. *NICE Technology Appraisal* No. 33 (March 2002) (see [www.nice.org.uk/TA033](http://www.nice.org.uk/TA033)).

The institute has issued technology appraisal guidance on:

- Laparoscopic surgery for colorectal cancer. *NICE Technology Appraisal* No. 17 (December 2000) (see [www.nice.org.uk/TA017](http://www.nice.org.uk/TA017))
- Capecitabine and tegafur with uracil for metastatic colorectal cancer. *NICE Technology Appraisal* No. 61 (May 2003) (see [www.nice.org.uk/TA061](http://www.nice.org.uk/TA061)).

NICE is in the process of producing the following technology appraisal guidance.

- Oxaliplatin and capecitabine for the adjuvant treatment of colon cancer. Expected date of issue August 2006.
- Bevacizumab and cetuximab for the treatment of advanced colorectal cancer. Expected date of issue November 2006.
- Irinotecan for the adjuvant treatment of colon cancer. Expected date of issue June 2007.

NICE has issued the following related cancer service guidance.

- Improving outcomes in colorectal cancer. *Guidance on Cancer Services* (June 2004) (see [www.nice.org.uk/csgcc](http://www.nice.org.uk/csgcc)).