Appendix B

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Appraisal

Ribociclib in combination with an aromatase inhibitor for previously untreated advanced or metastatic hormone receptor-positive, HER2-negative breast cancer

Draft scope (pre-referral)

Draft remit/appraisal objective
To appraise the clinical and cost effectiveness of ribociclib within its marketing authorisation for previously untreated advanced, or metastatic, hormone receptor-positive, HER2-negative breast cancer.

Background
Breast cancer arises from the tissues of the ducts or lobules of the breast. Metastatic breast cancer describes disease that has spread to another part of the body, such as the bones, liver, or lungs.

Over 46,400 people were diagnosed with breast cancer in England in 2014, and there were approximately 9500 deaths from breast cancer in 2014\textsuperscript{1,2}. The 5-year survival rate for people with metastatic breast cancer in England is 15\%\textsuperscript{3}. Approximately 15\% of women with invasive breast cancers have locally advanced or metastatic disease when they are diagnosed \textsuperscript{4}, and around 35\% of people with early or locally advanced disease will progress to metastatic breast cancer in the 10 years following diagnosis \textsuperscript{5}.

Current treatments for locally advanced and metastatic breast cancer aim to relieve symptoms, prolong survival and maintain a good quality of life with minimal adverse events. Treatment may depend on whether the cancer cells have particular receptors (hormone receptor status or HER2 status), the extent of the disease, and previous treatments. For people with advanced or metastatic hormone receptor-positive breast cancer, NICE Clinical Guideline 81 (CG81) recommends first-line treatment with endocrine therapy for most people. But for people whose disease is life-threatening or requires early relief of symptoms, CG81 recommends chemotherapy. The endocrine therapies used in clinical practice for hormone receptor-positive breast cancer in postmenopausal women include aromatase inhibitors (anastrozole and letrozole) for locally advanced and metastatic cancer, and tamoxifen, only if aromatase inhibitors are not tolerated or are contraindicated, for locally advanced cancer.

The technology
Ribociclib (brand name unknown, Novartis) is a selective cyclin-dependent-kinase 4 and 6 (CDK4/6) inhibitor. When these two proteins are activated they can cause the cancer cells to grow and divide too quickly. It is taken orally.
Ribociclib does not currently have a marketing authorisation in the UK. It has been studied in clinical trials in combination with letrozole in postmenopausal women with advanced, or metastatic, hormone receptor positive, HER2 negative breast cancer; in patients who have received no prior therapy for advanced disease.

<table>
<thead>
<tr>
<th>Intervention(s)</th>
<th>Ribociclib in combination with an aromatase inhibitor</th>
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</thead>
<tbody>
<tr>
<td>Population(s)</td>
<td>Postmenopausal women with advanced or metastatic hormone receptor positive, HER2 negative breast cancer previously untreated in the advanced setting.</td>
</tr>
<tr>
<td>Comparators</td>
<td>Aromatase inhibitors (such as letrozole or anastrozole).</td>
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<tr>
<td>Outcomes</td>
<td>The outcome measures to be considered include:</td>
</tr>
<tr>
<td></td>
<td>• overall survival</td>
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<td></td>
<td>• progression free survival</td>
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<tr>
<td></td>
<td>• response rate</td>
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<td></td>
<td>• adverse effects of treatment</td>
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<td></td>
<td>• health-related quality of life.</td>
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<tr>
<td>Economic analysis</td>
<td>The reference case stipulates that the cost effectiveness of treatments should be expressed in terms of incremental cost per quality-adjusted life year.</td>
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<tr>
<td></td>
<td>The reference case stipulates that the time horizon for estimating clinical and cost effectiveness should be sufficiently long to reflect any differences in costs or outcomes between the technologies being compared.</td>
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<tr>
<td></td>
<td>Costs will be considered from an NHS and Personal Social Services perspective.</td>
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<tr>
<td>Other considerations</td>
<td>Guidance will only be issued in accordance with the marketing authorisation. Where the wording of the therapeutic indication does not include specific treatment combinations, guidance will be issued only in the context of the evidence that has underpinned the marketing authorisation granted by the regulator.</td>
</tr>
<tr>
<td>Related NICE recommendations and NICE Pathways</td>
<td>Related Technology Appraisals:</td>
</tr>
</tbody>
</table>
|                | ‘Bevacizumab in combination with a taxane for the first-
|------------------------|---------------------------------------------------------------|


Appraisals in development (including suspended appraisals):

‘Sunitinib in combination with capecitabine within its licensed indication for the treatment of advanced and/or metastatic breast cancer’. NICE Technology Appraisal guidance [ID319]. Suspended.

‘Sunitinib in combination with a taxane within its licensed indication for the first line treatment of advanced and/or metastatic breast cancer’. NICE Technology Appraisal guidance [ID58]. Suspended.


Related Guidelines:


Related Quality Standards:


‘Related NICE Pathways:

Advanced breast cancer (2015) NICE pathway
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Questions for consultation
Have all relevant comparators for ribociclib been included in the scope?
Which treatments are considered to be established clinical practice in the NHS for untreated advanced oestrogen-receptor positive, HER2-negative breast cancer in postmenopausal women?

Are the outcomes listed appropriate?

Are there any subgroups of people in whom ribociclib is expected to be more clinically effective and cost effective or other groups that should be examined separately?

Where do you consider ribociclib will fit into the existing NICE pathways Advanced breast cancer [2015])?

NICE is committed to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relations between people with particular protected characteristics and others. Please let us know if you think that the proposed remit and scope may need changing in order to meet these aims. In particular, please tell us if the proposed remit and scope:

- could exclude from full consideration any people protected by the equality legislation who fall within the patient population for which ribociclib will be licensed;
- could lead to recommendations that have a different impact on people protected by the equality legislation than on the wider population, e.g. by making it more difficult in practice for a specific group to access the technology;
- could have any adverse impact on people with a particular disability or disabilities.

Please tell us what evidence should be obtained to enable the Committee to identify and consider such impacts.

Do you consider ribociclib to be innovative in its potential to make a significant and substantial impact on health-related benefits and how it might improve the way that current need is met (is this a ‘step-change’ in the management of the condition)?

Do you consider that the use of ribociclib can result in any potential significant and substantial health-related benefits that are unlikely to be included in the QALY calculation?

National Institute for Health and Care Excellence
Draft scope for the proposed appraisal of ribociclib in combination with an aromatase inhibitor for previously untreated advanced or metastatic hormone receptor-positive, HER2-negative breast cancer.
Issue Date: October 2016
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Please identify the nature of the data which you understand to be available to enable the Appraisal Committee to take account of these benefits.

NICE intends to appraise this technology through its Single Technology Appraisal (STA) Process. We welcome comments on the appropriateness of appraising this topic through this process. (Information on the Institute’s Technology Appraisal processes is available at http://www.nice.org.uk/article/pmg19/chapter/1-Introduction)

References


