

Technology Appraisal Committee Meeting (Committee A)

Minutes: Confirmed

Date and Time: Tuesday 28th April 2015, 10.00am – 2.30pm

Venue: **Prospero House, 241 Borough High Street, London SE1 1GA**

Present:	1. Chair Jane Adam 2. Professor Iain Squire 3. Professor John McMurray 4. Mr Adrian Griffin 5. Dr Gerardine Bryant 6. Nerys Woolacott 7. Professor Olivia Wu 8. Dr Brian Shine 9. Mr David Thomson 10. Mrs Pamela Rees 11. Ms Ellen rule 12. Dr Andrew England 13. Dr John Watkins 14. Dr Graham Ash 15. Professor Aileen Clarke 16. Mr Stephen Sharp	Present for all notes Present for all notes
-----------------	--	---

In attendance:

Meindert Boysen	Programme Director, National Institute for Health and Care Excellence	Present for all notes
Janet Robertson	Associate Director, National Institute for Health and Care Excellence	Present for all notes
Bijal Joshi	Project Manager, National Institute for Health and Care Excellence	Present for all notes
Marcia Miller	Technical Administrator Appraisal, National Institute for Health and Care Excellence	Present for all notes
Helen Tucker	Technical Analyst, National Institute for Health and Care Excellence	Present for all notes
Zoe Charles	Technical Adviser, National Institute for Health and Clinical Excellence	Present for all notes

disease has responded to platinum-based chemotherapy [ID735].

2. The Chair informed the Committee of the non-public observers at this meeting.
3. Apologies were received from: Dr Eldon Spackman, Dr Paul Robinson, Mrs Sarah Parry, Dr Jeremy Braybrooke, Dr Anne McCune, and Dr Mohit Misra

Notes from the last meeting

4. Minutes from the last meeting were agreed

Appraisal of olaparib for maintenance treatment of BRCA 1 or 2 mutated, relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer in people whose relapsed disease has responded to platinum-based chemotherapy [ID735].

Part 1 – Open session

5. The Chair welcomed the invited experts: Ashley Dean, Professor Charlie Gourley and Dr Simon Newman to the meeting and they introduced themselves to the Committee.
6. The Chair welcomed company representatives from Astrazeneca to the meeting.
7. The Chair asked all Committee members to declare any relevant interests
 - 7.1. Dr Jane Adam, Professor Iain Squire, Professor John McMurray, Mr Adrian Griffin, Dr Gerardine Bryant, Nerys Woolacott, Professor Olivia Wu, Dr Brian Shine, Mr David Thomson, Mrs Pamela Rees, Ms Ellen Rule, Dr Andrew England, Dr John Watkins, Dr Graham Ash, Professor Aileen Clarke, and Mr Stephen Sharp, all declared that they knew of no personal specific pecuniary interest, personal non-specific pecuniary interest, non-personal specific pecuniary interest, non-personal non-specific pecuniary interest, personal specific family interest or personal non-specific family interest for any of the technologies to be considered as part of the appraisal of olaparib for maintenance treatment of BRCA 1 or 2 mutated, relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer in people whose relapsed disease has responded to platinum-based chemotherapy [ID735].
8. The Chair asked all NICE Staff to declare any relevant interests.
 - 8.1. All declared that they knew of no personal specific pecuniary interest, personal non-specific pecuniary interest, non-personal specific pecuniary interest, non-personal non-specific pecuniary interest, personal specific family interest or personal non-specific family interest for any of the technologies to be considered as part of the appraisal of olaparib for maintenance treatment of BRCA 1 or 2 mutated, relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer in people whose relapsed disease has responded to platinum-based chemotherapy [ID735]
9. The Chair asked all other invited guests assessment group/ERG and invited experts, not including observers) to declare their relevant interests.
 - 9.1. All declared that they knew of no personal specific pecuniary interest, personal non-specific pecuniary interest, non-personal specific pecuniary interest, non-personal non-specific pecuniary interest, personal specific family interest or personal non-specific family interest for any of the technologies to be considered as part of the appraisal of olaparib for maintenance treatment of BRCA 1 or 2 mutated, relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer in people whose relapsed disease has responded to platinum-based chemotherapy [ID735]

9.2. Professor Charlie Gourley declared personal and non-personal specific and non-specific interests for AstraZeneca, GlaxoSmithKline and Roche.

9.2.1. It was agreed that this declaration would not prevent Professor Charlie Gourley from participating in this section of the meeting.

10. The Chair introduced the lead team, Dr Graham Ash, Mr Stephen Sharpe and Mrs Pamela Rees who gave presentations on the clinical effectiveness and cost effectiveness of olaparib for maintenance treatment of BRCA 1 or 2 mutated, relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer in people whose relapsed disease has responded to platinum-based chemotherapy [ID735].

11. The Committee then discussed the clinical effectiveness, patient perspective and cost effectiveness of olaparib for maintenance treatment of BRCA 1 or 2 mutated, relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer in people whose relapsed disease has responded to platinum-based chemotherapy [ID735] on the basis of the evidence before them, and potential equality issues raised in this appraisal. They sought clarification and advice from the experts present. The discussions included:

- 11.1. The impact of relapsed platinum sensitive ovarian cancer on patients and their families
- 11.2. Current clinical management and treatment options for people with relapsed platinum sensitive ovarian cancer
- 11.3. The clinical effectiveness of olaparib including:
- 11.4. The reliability of the post hoc subgroup analysis of patients with BRCA gene mutations
- 11.5. The results of Study 19 for the overall trial population and the subgroup of patients with BRCA gene mutations
- 11.6. The most appropriate outcomes
- 11.7. The adverse effects associated with olaparib
- 11.8. The cost effectiveness of olaparib including:
- 11.9. The company's 2 economic models and the ERG's critique of these models
- 11.10. The most plausible ICER and the level of uncertainty surrounding it
- 11.11. Whether olaparib fulfilled the end of life criteria
- 11.12. Whether there were any potential equality issues relevant to the appraisal.

12. The Chair asked the company representatives whether they wished to comment on any matters of factual accuracy.

13. The Chair explained that "representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1(2) Public Bodies (Admission to Meetings) Act 1960) and all public attendees left the meeting.

14. The Chair then thanked the experts, company representatives and academic group for their attendance, participation and contribution to the appraisal and they left the meeting.

Part 2 – Closed session

15. The Committee continued to discuss the clinical and cost effectiveness of olaparib for maintenance treatment of BRCA 1 or 2 mutated, relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer in people whose relapsed disease has responded to platinum-based chemotherapy [ID735].

16. The Committee instructed the technical team to prepare the Appraisal Consultation Document (ACD) in line with their decisions.

Date, time and venue of the next meeting

17. Thursday 28th May 2015, 10.00am onwards at Prospero House, 241 Borough High Street, London SE1 1GA