

## Technology Appraisal Committee Meeting (Committee B)

**Minutes:** Unconfirmed

**Date and Time:** Tuesday 10 February 2015

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

<b>Present:</b>	1. Chair, Dr Amanda Adler	Present for all notes
	2. Vice Chair, Professor Ken Stein	Present for all notes
	3. Professor Keith Abrams	Present for all notes
	4. Dr Jeffrey Aronson	Present for all notes
	5. Professor John Cairns	Present for all notes
	6. Mr Matthew Campbell-Hill	Present for notes 1 to 17
	7. Mr Mark Chapman	Present for all notes
	8. Dr Lisa Cooper	Present for all notes
	9. Professor Daniel Hochhauser	Present for notes 1 to 17
	10. Dr Neil Iosson	Present for all notes
	11. Mrs. Anne Joshua	Present for all notes
	12. Dr Sanjay Kinra	Present for all notes
	13. Dr Miriam McCarthy	Present for all notes
	14. Dr Peter Norrie	Present for all notes
	15. Professor Stephen Palmer	Present for all notes
	16. Professor John Pounsford	Present for all notes
	17. Dr Danielle Preedy	Present for all notes
	18. Mr Cliff Snelling	Present for all notes
	19. Professor Andrew Stevens	Present for all notes
	20. Dr Nerys Woolacott	Present for all notes

**In attendance:** [

Dr Elisabeth George	Associate Director, National Institute for Health and Care Excellence	Present for all notes
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Jeremy Powell	Project Manager, National Institute for Health and Care Excellence	Present for all notes
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Stuart Wood	Administrator, National Institute for Health and Care Excellence	Present for all notes
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Chris Chesters	Technical Analyst, National Institute for Health and Care Excellence	Present for notes 1 to 17
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Eleanor Donegan	Technical Adviser, National Institute for Health and Clinical Excellence	Present for notes 1 to 17
Professor Norman Waugh	Professor of Public Health, Warwick Evidence	Present for notes 1 to 15
Hema Mistry	Assistant Professor, Warwick Evidence	Present for notes 1 to 15
Leela Biant	Consultant Trauma & Orthopaedic Surgeon, H. Honorary Senior Lecturer, University of Edinburgh. Clinical advisor to Warwick Evidence	Present for notes 1 to 15
Mr John Keating	Consultant Orthopaedic Surgeon nominated by Healthcare Improvement Scotland	Present for notes 1 to 15
Professor Martyn Snow	Consultant Orthopaedic Surgeon nominated by Healthcare Improvement Scotland	Present for notes 1 to 15
Caroline Hall	Technical Analyst, National Institute for Health and Care Excellence	Present for notes 18 to 29
Professor Adrian Bagust	Professor of Modelling in Health	Present for notes 18 to 27
Nigel Fleeman	Research Fellow	Present for notes 18 to 27
<b>Non-public observers:</b>		
Helen Barnett	NICE Editing Staff	Present for all notes
Tom Feilden	Guest of NICE Communications	Present for notes 1 to 5
John Richardson	NICE Communications	Present for notes 1 to 5
Sophie Laurenson	NICE Appraisals	Present for all notes
Ross Mconachie	NICE Public Health	Present for all notes

## Notes

## Welcome

1. The Chair welcomed all members of the Committee and other attendees present to the meeting. The Chair reviewed the agenda and timescales for the meeting, which included the appraisals of autologous chondrocyte implantation for repairing symptomatic articular cartilage defects of the knee (including a review of TA89)

nintedanib for previously treated locally advanced, metastatic or locally recurrent non-small cell lung cancer

2. Apologies were received from Professor Imran Chaudhry, Dr Rebecca Kearney, Professor Ruairidh Milne, Dr Sanjeev Patel, Mr Chris O'Regan, Dr John Rodriguez, Mr Alun Roebuck, Dr Marta Soares and Dr Nicky Welton.

### **Any other Business**

3. The Chair gave the Committee an update on ongoing appraisals and changes to the membership of the Committee.

### **Notes from the last meeting**

4. The minutes of the meeting held on Wednesday 19 November were approved.

### **Appraisal of autologous chondrocyte implantation for repairing symptomatic articular cartilage defects of the knee (including a review of TA89)**

#### **Part 1 – Open session**

5. The Chair welcomed the invited experts: Mr John Keating, Professor Martyn Snow, Leela Biant, Hema Mistry and Professor Norman Waugh to the meeting and they introduced themselves to the Committee.
6. The Chair welcomed company representatives from Aastrom Biosciences, Sobi, and the Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust to the meeting.
7. The Chair asked all Committee members to declare any relevant interests
  - 7.1. Dr Amanda Adler, Professor Ken Stein, Professor Keith Abrams, Dr Jeff Aronson, Professor John Cairns, Mr Matthew Campbell-Hill, Mr Mark Chapman, Dr Lisa Cooper, Professor Daniel Hochhauser, Dr Neil Iosson, Mrs. Anne Joshua, Dr Sanjay Kinra, Dr Miriam McCarthy Dr Peter Norrie, Professor Stephen Palmer, Professor John Pounsford Dr Danielle Preedy, Mr Cliff Snelling, Professor Andrew Stevens and Dr Nerys Woolacott 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 autologous chondrocyte implantation for repairing symptomatic articular cartilage defects of the knee (including a review of TA89).
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 autologous chondrocyte implantation for repairing symptomatic articular cartilage defects of the knee (including a review of TA89).
9. The Chair asked all other invited guests, Assessment Group and invited experts to declare their relevant interests.

- 9.1. Mr John Keating, Professor Martyn Snow, Hema Mistry and Professor Norman Waugh 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 autologous chondrocyte implantation for repairing symptomatic articular cartilage defects of the knee (including a review of TA89).
- 9.2. Leela Biant declared a non personal non specific pecuniary interest as she is Treasurer of the British Association for Surgery of the Knee which nominated her received an institutional grant towards an investigator instigated research project from Sanofi. It also received institutional unrestricted educational grants from Genzyme and Tigenix in 2014.
  - 9.2.1. The Chair stated that this was not a conflict and would not prevent Leela Biant from participating in this section of the meeting.
10. The Chair introduced the lead team, Professor Stephen Palmer, Mr Cliff Snelling and Professor Ken Stein who gave presentations on the clinical effectiveness and cost effectiveness of autologous chondrocyte implantation for repairing symptomatic articular cartilage defects of the knee (including a review of TA89).
11. The Committee then discussed the clinical effectiveness, patient perspective and cost effectiveness of autologous chondrocyte implantation for repairing symptomatic articular cartilage defects of the knee (including a review of TA89) 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 treatment pathway for the repair of symptomatic cartilage defects of the knee.
  - 11.2. The relevant comparators for autologous chondrocyte implantation (ACI).
  - 11.3. The clinical effectiveness evidence for ACI.
  - 11.4. The clinical effectiveness evidence for different forms of ACI.
  - 11.5. Potential subgroups of people for whom ACI would be particularly suitable.
  - 11.6. The structures of the economic models and how these reflected the treatment pathway in clinical practice.
  - 11.7. Utility and efficacy values used in the economic models.
  - 11.8. Assumptions relating to having a knee replacement in the models.
  - 11.9. The costs of the cells and the ACI procedures in the economic models.
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 instructed the technical team to prepare the Appraisal Consultation Document (ACD) in line with their decisions.
16. Matthew Campbell-Hill and Professor Daniel Hochhauser left the meeting.

## **Appraisal of nintedanib for previously treated locally advanced, metastatic or locally recurrent non-small cell lung cancer**

### **Part 1 – Open session**

17. The Chair welcomed the invited experts: Professor Adrian Bagust and Mr Nigel Fleeman to the meeting and they introduced themselves to the Committee.
18. The Chair welcomed company representatives from Boehringer Ingelheim to the meeting.
19. The Chair asked all Committee members to declare any relevant interests
  - 19.1. Dr Amanda Adler, Professor Ken Stein, Professor Keith Abrams, Professor John Cairns, Mr Mark Chapman, Dr Lisa Cooper, Dr Neil Iosson, Mrs. Anne Joshua, Dr Sanjay Kinra, Dr Miriam McCarthy Dr Peter Norrie, Professor Stephen Palmer, Dr John Pounsford Dr Danielle Preedy, Cliff Snelling, Professor Andrew Stevens and Dr Nerys Woolacott 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 nintedanib for previously treated locally advanced, metastatic or locally recurrent non-small cell lung cancer.
  - 19.2. Dr John Pounsford declared a family pecuniary interest as his sister is employed by Boehringer Ingelheim
    - 9.3.1 It was agreed that this declaration would not prevent Dr John Pounsford from participating in this section of the meeting. This is because a family-related conflict refers to a spouse or partner living in the same residence as the individual, as well as children and adults (who may or may not be living in the same residence) for whom the individual is legally responsible.
20. The Chair asked all NICE Staff to declare any relevant interests.

- 20.1. 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 nintedanib for previously treated locally advanced, metastatic or locally recurrent non-small cell lung cancer.
21. The Chair asked all the ERG representatives to declare any relevant interests.
  - 21.1. 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 nintedanib for previously treated locally advanced, metastatic or locally recurrent non-small cell lung cancer.
22. The Chair introduced the key themes arising from the consultation responses to the Appraisal Consultation Document (ACD) and the new evidence received from consultees, commentators and through the NICE website.
23. The Committee proceeded to discuss the clinical effectiveness and cost effectiveness of nintedanib for previously treated locally advanced, metastatic or locally recurrent non-small cell lung cancer on the basis of the evidence before them. The discussions included:
  - 23.1. A summary of the clinical and cost effectiveness evidence presented in the company's original submission.
  - 23.2. A summary of the Committee's considerations leading to the preliminary recommendations in the ACD.
  - 23.3. The comments/responses provided during consultation by consultees, commentators and via the web site.
  - 23.4. The additional analyses provided by the company to take account of the PAS and Committee's preferred assumptions for the economic analyses (not requested by the Committee).
  - 23.5. Key issues including:
    - 23.5.1. the generalisability of the results from LUME-Lung 1 trial to patients in England who may receive nintedanib,
    - 23.5.2. the most appropriate method of extrapolating overall survival from the Kaplan-Meier data,
    - 23.5.3. whether the economic modelling accurately reflected the use of docetaxel in England,
    - 23.5.4. the most appropriate source of utility values for modelling progression-free and progressed disease
    - 23.5.5. the magnitude of overall survival, and whether nintedanib plus docetaxel compared with docetaxel alone met the end of life criteria
    - 23.5.6. whether the weight placed on the QALYs gained was appropriate for nintedanib plus docetaxel and could be considered a cost-effective use of NHS resources for previously treated locally advanced, metastatic or locally recurrent non-small-cell lung cancer.
24. The Chair asked the company representatives whether they wished to comment on any matters of factual accuracy.

25. 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.
26. The Chair then thanked the company representatives and Evidence Review Group for their attendance, participation and contribution to the appraisal and they left the meeting.

## **Part 2 – Closed session**

27. The Committee continued to discuss the clinical and cost effectiveness of nintedanib for previously treated locally advanced, metastatic or locally recurrent non-small cell lung cancer.
28. The Committee instructed the technical team to prepare the Final Appraisal Determination (FAD) in line with their decisions.

## **Date, time and venue of the next meeting**

29. 10.00am, Wednesday 11 March at The Royal College of General Practitioners, 30 Euston Square, NW1 2FB