

## Technology Appraisal Committee Meeting Committee C

**Minutes:** Confirmed

**Date and Time:** **Wednesday 21 January 2015, 10:00 to 17:00**

**Venue:** National Institute for Health and Care Excellence  
Level 1A, City Tower  
Piccadilly Plaza  
Manchester  
M1 4BT

<b>Present:</b>	1. Chair Professor Andrew Stevens 2. Professor Kathryn Abel 3. Dr David Black 4. David Chandler 5. Gail Coster 6. Professor Peter Crome 7. Professor Rachel Elliott 8. Prof Wasim Hanif 9. Dr Alan Haycox 10. Emily Lam 11. Dr Allyson Lipp 12. Professor Andrea Manca 13. Dr Suzanne Martin 14. Dr Claire McKenna 15. Dr Patrick McKiernan 16. Dr Iain Miller 17. Dr Paul Miller 18. Professor Eugene Milne 19. Professor Stephen O'Brien 20. Dr Peter Selby 21. Prof Matt Stevenson 22. Robert Walton 23. Dr Judith Wardle	Present for all notes Present for all notes
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### In attendance:

Meindert Boysen	Programme Director, National Institute for Health and Care Excellence	Present for all notes
Dr Frances Sutcliffe	Associate Director, National Institute for Health and Care Excellence	Present for all notes
Lori Farrar	Project Manager, National Institute for Health and Care Excellence	Present for all notes

Joanne Ekeledo	Administrator, National Institute for Health and Care Excellence	Present for all notes
Ella Fields	Technical Analyst, National Institute for Health and Care Excellence	Present for notes 02 to 09
Fay McCracken	Technical Adviser, National Institute for Health and Clinical Excellence	Present for notes 02 to 09
Victoria Kelly	Technical Analyst, National Institute for Health and Care Excellence	Present for notes 10 to 14
Eleanor Donegan	Technical Adviser, National Institute for Health and Clinical Excellence	Present for notes 10 to 14
Linda Landells	Technical Analyst, National Institute for Health and Care Excellence	Present for notes 15 to 19
Eleanor Donegan	Technical Adviser, National Institute for Health and Clinical Excellence	Present for notes 15 to 19
Dr Vicky Wakefield	ERG Representative, BMJ Group	Present for notes 02 to 08
Dr Ifigeneia Mavranezouli	ERG Representative, BMJ Group	Present for notes 02 to 08
Martin Hoyle	ERG Representative, PenTAG	Present for notes 15 to 18
Ewen Cummins	ERG Representative, Aberdeen HTA	Present for notes 10 to 13
Shona Fielding	ERG Representative, Aberdeen HTA	Present for notes 10 to 13
Dr Miriam Brazzelli	ERG Representative, Aberdeen HTA	Present for notes 10 to 13
Clara Eaglen	Patient Expert	Present for notes 02 to 08, Present for notes 10 to 13

Gary Forrest	Patient Expert	Present for notes 02 to 08
Dr Ian Pearce	Clinical Expert	Present for notes 02 to 08, Present for notes 10 to 13
Dr Sobha Sivaprasad	Clinical Expert	Present for notes 02 to 08, Present for notes 10 to 13
Clive Worrall	Patient Expert	Present for notes 10 to 13

**Non-public observers:**

Andrew Buckley	NICE Observer	Present for all notes
Andrew Cook	Director, SHTAC	Present for all notes
Sally Doss	Technical Advisor, NICE	Present for notes 15 to 19
Linda Landells	Technical Lead, NICE	Present for notes 02 to 09
Dr David Silverman	Medical Assessor, MHRA	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 Dexamethasone intravitreal implant for treating diabetic macular oedema, Aflibercept for treating diabetic macular oedema and Ofatumumab in combination with chlorambucil or bendamustine for previously untreated chronic lymphocytic leukaemia.
2. The Chair informed the Committee of the non-public observers at this meeting: Andrew Buckley, Andrew Cook, Sally Doss, Linda Landells and Dr David Silverman.
3. Apologies were received from Dr Anna O'Neill, Nigel Langford, Professor Peter Crome and Dr John Radford.

**Any other Business**

4. None

**Appraisal of Dexamethasone intravitreal implant for treating diabetic macular oedema**

**Part 1 – Open session**

5. The Chair welcomed the invited experts: Clara Eaglen, Gary Forrest, Dr Ian Pearce, Sobha Sivaprasad, to the meeting and they introduced themselves to the Committee.
6. The Chair welcomed company representatives from Allergan Ltd UK to the meeting.
7. The Chair asked all Committee members to declare any relevant interests
  - 7.1. Professor Kathryn Abel, Dr David Black, David Chandler, Gail Coster, Professor Peter Crome, Professor Rachel Elliott, Prof Wasim Hanif, Dr Alan Haycox, Emily Lam, Dr Allyson Lipp, Professor Andrea Manca, Dr Suzanne Martin, Dr Claire McKenna, Dr Patrick McKiernan, Dr Judith Wardle, Dr Paul Miller, Professor Eugene Milne, Professor Stephen O'Brien, Dr Peter Selby, Prof Matt Stevenson, Robert Walton, Dr Iain Miller 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 Dexamethasone intravitreal implant for treating diabetic macular oedema.
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 Dexamethasone intravitreal implant for treating diabetic macular oedema.
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 Dexamethasone intravitreal implant for treating diabetic macular oedema.
  - 9.2. Dr Ian Pearce declared a personal non specific pecuniary interest as he has received consultancy and travel grants from Novartis and Bayer.
    - 9.2.1. It was agreed that this declaration would not prevent Dr Ian Pearce from participating in this section of the meeting
  - 9.3. Dr Sobha Sivaprasad declared a personal non specific pecuniary interest as she has received consultancy and travel grants from Novartis and Bayer.
    - 9.3.1. It was agreed that this declaration would not prevent Dr Sobha Sivaprasad from participating in this section of the meeting
10. The Chair introduced the lead team, Alan Haycox, Judith Wardle and Suzanne Martin who gave presentations on the clinical effectiveness and cost effectiveness of Dexamethasone intravitreal implant for treating diabetic macular oedema

11. The Committee proceeded to discuss the clinical effectiveness and cost effectiveness of Dexamethasone intravitreal implant for treating diabetic macular oedema on the basis of the evidence before them. The discussions included:
  - 11.1. The clinical pathway and relevant comparators for the 4 potentially eligible populations within the technology's marketing authorisation. These were: people with a pseudophakic lens with central retinal thickness (CRT) of 400 micrometres or more; people with a pseudophakic lens with CRT less than 400 micrometres; people who do not have a pseudophakic lens and with diabetic macular oedema that does not respond to non-corticosteroid treatment or such treatment is unsuitable for them; and people with a pseudophakic lens and with diabetic macular oedema that does not respond to non-corticosteroid treatment or such treatment is unsuitable for them.
  - 11.2. The clinical effectiveness of dexamethasone intravitreal implant versus sham procedure using data from the MEAD trials and versus other comparators using the company's network meta-analysis.
  - 11.3. The acceptability of parameters used in the company's economic model, including the costs used for residential care, utility values and assumptions relating to the natural course of the disease.
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. Discussion on confidential information continued. This information was supplied by the company.
16. The Committee continued to discuss the clinical and cost effectiveness of Dexamethasone for treating diabetic macular oedema.
17. The Committee instructed the technical team to prepare the Appraisal Consultation Document in line with their decisions.

## **Appraisal of Aflibercept for treating diabetic macular oedema**

### **Part 1 – Open session**

18. The Chair welcomed the invited experts: Clara Eaglen, Clive Worral, Dr Ian Pearce, Sobha Sivaprasad, to the meeting and they introduced themselves to the Committee.
19. The Chair welcomed company representatives from Bayer plc to the meeting.

20. The Chair asked all Committee members to declare any relevant interests

20.1. Professor Kathryn Abel, Dr David Black, David Chandler, Gail Coster, Professor Peter Crome, Professor Rachel Elliott, Prof Wasim Hanif, Dr Alan Haycox, Emily Lam, Dr Allyson Lipp, Professor Andrea Manca, Dr Suzanne Martin, Dr Claire McKenna, Dr Patrick McKiernan, Dr Iain Miller, Dr Paul Miller, Professor Eugene Milne, Professor Stephen O'Brien, Dr Peter Selby, Prof Matt Stevenson, Robert Walton, Dr Judith Wardle 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 Aflibercept for treating diabetic macular oedema.

21. The Chair asked all NICE Staff 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 Aflibercept for treating diabetic macular oedema.

22. The Chair asked all other invited guests assessment group/ERG and invited experts, not including observers) to declare their relevant interests.

22.1. 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 Aflibercept for treating diabetic macular oedema.

22.2. Dr Ian Pearce declared a personal non specific pecuniary interest as he has received consultancy and travel grants from Novartis and Bayer.

22.2.1. It was agreed that this declaration would not prevent Dr Ian Pearce from participating in this section of the meeting

22.3. Dr Sobha Sivaprasad declared a personal non specific pecuniary interest as she has received consultancy and travel grants from Novartis and Bayer.

22.3.1. It was agreed that this declaration would not prevent Dr Sobha Sivaprasad from participating in this section of the meeting

23. The Chair introduced the lead team, Suzanne Martin, Emily Lam and Paul Tappenden who gave presentations on the clinical effectiveness and cost effectiveness of Aflibercept for treating diabetic macular oedema.

24. The Committee then discussed the clinical effectiveness, patient perspective and cost effectiveness of Aflibercept for treating diabetic macular oedema 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:

- 24.1. The clinical pathway and relevant comparators for treatment of diabetic macula oedema.
- 24.2. The clinical effectiveness of aflibercept versus laser using data from the VIVID and VISTA trials and versus other comparators using the company's network meta-analysis.
- 24.3. The acceptability of parameters used in the company's economic model, including the number of injections of aflibercept and ranibizumab, the costs used for blindness, utility values and assumptions relating to the natural course of the disease.

25. The Chair asked the company representatives whether they wished to comment on any matters of factual accuracy.
26. 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.
27. 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**

28. Discussion on confidential information continued. This information was supplied by the company.
29. The Committee continued to discuss the clinical and cost effectiveness of aflibercept for diabetic macular oedema.
30. The Committee instructed the technical team to prepare the Appraisal Consultation Document (ACD) in line with their decisions.

## **Appraisal of Ofatumumab in combination with chlorambucil or bendamustine for previously untreated chronic lymphocytic leukaemia**

### **Part 1 – Open session**

31. The Chair welcomed company representatives from Novartis Pharmaceuticals Ltd to the meeting.
32. The Chair asked all Committee members to declare any relevant interests
  - 32.1. Professor Kathryn Abel, Dr David Black, David Chandler, Gail Coster, Professor Peter Crome, Professor Rachel Elliott, Prof Wasim Hanif, Dr Alan Haycox, Emily Lam, Dr Allyson Lipp, Professor Andrea Manca, Dr Suzanne Martin, Dr Claire McKenna, Dr Patrick McKiernan, Dr Iain Miller, Dr Paul Miller, Professor Eugene Milne, Professor Stephen O'Brien, Dr Peter Selby, Prof Matt Stevenson, Robert Walton, Dr Judith Wardle 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 Ofatumumab in combination with chlorambucil or bendamustine for previously untreated chronic lymphocytic leukaemia.

32.2. Andrea Manca declared a non-personal financial specific interest he is a co-applicant in a NIHR funded PGfAR in this clinical area which has been recently funded. The University will receive 3 years of funding to cover research costs.

9.2.1 It was agreed that this declaration would not prevent Andrea Manca from participating in this section of the meeting.

33. The Chair asked all NICE Staff to declare any relevant interests.

33.1. 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 Ofatumumab in combination with chlorambucil or bendamustine for previously untreated chronic lymphocytic leukaemia.

34. The Chair asked all other invited guests assessment group/ERG and invited experts, (not including observers) to declare their relevant interests.

34.1. 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 Ofatumumab in combination with chlorambucil or bendamustine for previously untreated chronic lymphocytic leukaemia.

35. The Chair introduced the key themes arising from the consultation responses to the Appraisal Consultation Document (ACD) received from consultees, commentators and through the NICE website.

36. The Committee then discussed the clinical effectiveness, patient perspective and cost effectiveness of Ofatumumab in combination with chlorambucil or bendamustine for previously untreated chronic lymphocytic leukaemia 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:

36.1. The acceptability of the ERG's exploratory adjusted indirect treatment comparison of ofatumumab plus chlorambucil and rituximab plus chlorambucil. Areas of uncertainty included the differences on patient characteristics and trial design, as well as whether it was more appropriate to evaluate progression-free survival using the hazard ratio or median data.

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

38. 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.
39. 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**

40. Discussion on confidential information continued. This information was supplied by the company.
41. The Committee continued to discuss the clinical and cost effectiveness of Ofatumumab in combination with chlorambucil or bendamustine for previously untreated chronic lymphocytic leukaemia .
42. 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**

43. Wednesday 18 February 2015, 10.00 to 17.00 at National Institute for Health and Care Excellence, Level 1A, City Tower, Piccadilly Plaza, Manchester M1 4BT.