National Institute for Health and Care Excellence

Health Technology Evaluation

Lurbinectedin with atezolizumab for maintenance treatment of extensive-stage small-cell lung cancer [ID6526]
Response to stakeholder organisation comments on the draft remit and draft scope

Please note: Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees.

Comment 1: the draft remit and proposed process

Section	Stakeholder	Comments [sic]	Action
Appropriateness of an evaluation and proposed evaluation route	British Thoracic Oncology Group (BTOG)	Health technology appraisal is appropriate	No action.
	Immedica Pharma	The evaluation and proposed evaluation route are appropriate. Immedica notes that ES-SCLC (extensive-stage small-cell lung cancer) is a disease with poor prognosis and meets the criteria for the highest disease severity modifier. Remaining life expectancy of the general population in England and Wales of the same age as patients recently diagnosed with ES-SCLC, is around 20 years. Meanwhile, the life expectancy of those with ES-SCLC initiating first-line immune checkpoint inhibitors plus platinum-based chemotherapy is around 12 months (Horn. N Engl J Med. 2018 Dec 6;379(23):2220-2229. Paz-Ares, Lancet. 2019 Nov 23;394(10212):1929-1939) meaning that these patients face a loss in life expectancy of around 19 years, or around 95% of remaining life. Five-year overall survival in patients	No action.

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		treated with immunotherapy is <10% (Dingemans, Ann Oncol. 2021 Jul;32(7):839-853).	
	Roche	No comment	No action.
Wording	British Thoracic Oncology Group (BTOG)	Appropriate	No action.
	Immedica Pharma	Immedica suggests aligning wording of the remit with the anticipated license from the MHRA as per the following: To appraise the clinical and cost effectiveness of lurbinectedin in combination with atezolizumab within its marketing authorisation for [redacted]	Thank you for your comment. The marketing authorisation is still considered confidential so cannot be included in the final scope, but the population has been updated to better reflect the clinical trial.
	Roche	No comment	No action.
Timing issues	British Thoracic Oncology Group (BTOG)	No comment	No action.
	Immedica Pharma	ES-SCLC represents an urgent unmet medical need due to its aggressive nature and rapid progression. Results from the IMPower133 and CASPIAN trials show that the addition of immune checkpoint inhibitors to platinum-based chemotherapy significantly improves survival, with 22% of patients alive at 2 years which represents a	Thank you for your comments. No action.

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		substantial improvement compared with historical data *(Ortega-Franco. ESMO Open. 2021 Feb;6(1):100003).* Nonetheless, while the incorporation of immune checkpoint inhibitors has led to improved outcomes, many patients still experience disease progression shortly after completing the initial four cycles of induction therapy and around 80% die within 2 years. Atezolizumab and durvalumab have also been introduced as monotherapies for maintenance treatment, but survival remains poor, and the patient burden is high. ES-SCLC is characterized by high patient attrition following progression on first-line therapy, underscoring the critical need to optimize clinical outcomes in the frontline setting. As a substantial proportion of patients will not proceed to second-line treatment, improving efficacy in first-line remains key to positively influencing overall prognosis. The early introduction of active agents in ES-SCLC, and with a complementing pathway to the current first-line treatment approach, is an appealing strategy to further improve the prognosis of patients with ES-SCLC.	
	Roche	Current SOC for this ES-SCLC patient is with immunotherapy + chemotherapy induction followed by immunotherapy monotherapy as maintenance. Addition of lurbinectedin to the current maintenance SOC has the potential to improve outcomes for patients	Comments noted. No action.
Additional comments on the draft remit	British Thoracic Oncology Group (BTOG)	None	No action.
	Immedica Pharma	None	No action.

Section	Stakeholder	Comments [sic]	Action
	Roche	No comment	No action.

Comment 2: the draft scope

Section	Consultee/ Commentator	Comments [sic]	Action
Background information	British Thoracic Oncology Group (BTOG)	Small cell lung cancer accurately defined	Thank you. No action.
	Immedica Pharma	The background information states that “The NICE guideline on lung cancer diagnosis and management (NG122) recommends that maintenance treatment for SCLC should only be offered in the context of a clinical trial." NG122 cites that this was from 2011. However, induction-maintenance treatment with atezolizumab is standard clinical practice today. Therefore, we suggest removing this from the background information.	Thank you for your comment. The scope has been updated to remove the NG122 recommendation.
	Roche	Radiation (prophylactic cranial irradiation) can be used a treatment option in ES-SCLC, in patients with a partial/complete response to chemotherapy within the thorax and at distant sites, or in those with WHO performance status 0 to 2, if their disease has responded to first-line treatment https://www.nice.org.uk/guidance/ng122/chapter/Treatment	Thank you for your comment. The background is intended to give a brief overview of the condition and treatment options. No changes to scope.
Population	British Thoracic Oncology Group (BTOG)	Yes	No action.

Section	Consultee/ Commentator	Comments [sic]	Action
	Immedica Pharma	The population is patients who have received atezolizumab as induction therapy and who are eligible for first-line maintenance immunotherapy. Therefore, the wording should be changed to the following: Adults with ES-SCLC whose disease has not progressed after first-line induction with atezolizumab, carboplatin and etoposide and who are eligible for atezolizumab maintenance treatment.	Thank you for your comment. The population is broad to keep in line with the clinical trial population – no change to the scope.
	Roche	No comment	No action.
Subgroups	British Thoracic Oncology Group (BTOG)	N/A	No action.
	Immedica Pharma	No subgroups are expected.	No action.
	Roche	No comment	No action.
Comparators	British Thoracic Oncology Group (BTOG)	The comparators should be maintenance durvalumab and maintenance atezolizumab compared to the combination of atezolizumab and lurbinectedin	Thank you for your comment. Lurbinectedin is used with atezolizumab as maintenance treatment following induction with atezolizumab, carboplatin and etoposide. Therefore, it is anticipated that the comparator would be standard maintenance

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			therapy following induction with atezolizumab, carboplatin and etoposide, which is expected to be atezolizumab monotherapy.
	Immedica Pharma	The patient population for this evaluation is patients with ES-SCLC whose disease has not progressed after first-line induction therapy with atezolizumab, carboplatin and etoposide, and who are eligible for atezolizumab maintenance. For this patient population, the only currently approved maintenance treatment is atezolizumab. “No maintenance” is not a relevant comparator for patients who have not progressed on induction therapy and are eligible for maintenance therapy. Induction-maintenance treatment is the current standard of care, see TA638 and TA1041. Therefore, the only relevant comparator to maintenance treatment with lurbinectedin with atezolizumab, is atezolizumab in monotherapy, which is the comparator in the clinical trial. Immedica suggest revising the comparator to the following: • Maintenance therapy with atezolizumab monotherapy	Thank you for your comment. The scope has been updated to maintenance therapy with atezolizumab monotherapy, after first-line induction with atezolizumab, carboplatin and etoposide.
	Roche	Atezolizumab maintenance monotherapy (following atezolizumab + carboplatin and etoposide induction)	Thank you for your comment. Lurbinectedin is used with atezolizumab as

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		Durvalumab maintenance monotherapy (following durvalumab + etoposide and carboplatin or cisplatin induction)	maintenance treatment following induction with atezolizumab, carboplatin and etoposide. Therefore, it is anticipated that the comparator would be standard maintenance therapy following induction with atezolizumab, carboplatin and etoposide, which is expected to be atezolizumab monotherapy.
Outcomes	British Thoracic Oncology Group (BTOG)	The introduction of maintenance treatment often serves to rescue attrition of cancer patients from 1st line to the 2nd line of therapy. Lurbinectedin in combination with atezolizumab also reduces the number of patients becoming too unwell for future treatment by introducing a second drug as maintenance. Small cell lung cancer is a very chemosensitive disease but acquiring resistance quickly with early relapses	No action.
	Immedica Pharma	The outcomes listed are appropriate. No comments.	No action.
	Roche	No comment	No action.

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Equality	British Thoracic Oncology Group (BTOG)	None	No action.
	Immedica Pharma	The proposed remit and scope are not expected to lead to any exclusion of any people protected by the equality legislation, or lead to recommendations that have a different impact on people protected by the equality legislation than on the wider population or have any adverse impact on people with a particular disability or disabilities.	Comment noted. No action.
	Roche	No comment	No action.
Other considerations	British Thoracic Oncology Group (BTOG)	Lurbinectedin secondline was not approved by NICE though licensed for use worldwide	Comment noted. No action.
	Immedica Pharma	No comments.	No action.
	Roche	No comment	No action.
Questions for consultation	British Thoracic Oncology Group (BTOG) 2	As explained above lurbinectedin would be additive to current maintenance treatment with atezolizumab. I am not sure that it can be immune checkpoint inhibitor agnostic, but this will disadvantage use of durvalumab in this space, which is the other comparator. Treatment/monitoring costs would not be incremental as atezolizumab currently in maintenance is given IV or SC every 3 weeks and monitored in the same way as chemotherapy.	Thank you for your comment. The marketing authorisation is still considered confidential, but the population in the pivotal trial is for maintenance phase treatment following induction with

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			atezolizumab, carboplatin and etoposide. The comparators in the scope have therefore been updated to reflect what would be usual maintenance treatment following induction with atezolizumab, carboplatin and etoposide.
	Immedica Pharma	**What is established standard clinical management for the maintenance treatment of extensive-stage small-cell lung cancer after first-line induction with atezolizumab, carboplatin and etoposide?** After first-line induction with atezolizumab, carboplatin and etoposide, standard treatment is maintenance therapy with atezolizumab monotherapy. **Please select from the following, will lurbinectedin with atezolizumab be:** Lurbinectedin with atezolizumab will be: C. Prescribed in secondary care with routine follow-up in secondary care Comparators and subsequent treatments are prescribed and followed up in the same setting.	Comments noted. No action.

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		Would lurbinectedin with atezolizumab be a candidate for managed access? Lurbinectedin with atezolizumab is currently under internal review and may be a potential candidate for managed access. **Do you consider that the use of lurbinectedin with atezolizumab can result in any potential substantial health-related benefits that are unlikely to be included in the QALY calculation?** No.	
	Roche	Lurbinectedin with atezolizumab will provide an additional treatment option in the first line maintenance phase for ES-SCLC population	Comment noted. No action.
Additional comments on the draft scope	British Thoracic Oncology Group (BTOG) 2	Prescribed in secondary care with routine follow-up in secondary care	Comment noted. No action.
	Immedica Pharma	No additional comments.	
	Roche	No comment	