National Institute for Health and Care Excellence

Single Technology Evaluation

Lorlatinib for untreated ALK-positive advanced non-small-cell lung cancer (Review of TA909) [ID6434]

Response to stakeholder organisation comments on the review proposal paper including 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.

Stakeholder	Comment number	Comments [sic]	Action
Takeda	1	Provisional Stakeholder List – we believe Roche (alectinib) should also be included as a Comparator company.	Thank you for your comment. Stakeholder list has been updated to include 'Roche (alectinib)' in the list of comparator companies.
	2	Where do you consider lorlatinib will fit into the existing care pathway for untreated ALK-positive advanced NSCLC? As an alternative to existing ALK TKIs for untreated ALK-positive advanced NSCLC, in particular brigatinib and alectinib which are the main comparators in NHS clinical practice, as identified in TA909.	Thank you for your comment. No action required.
	3	Do you consider that the use of lorlatinib can result in any potential substantial health-related benefits that are unlikely to be included in the QALY calculation? No.	Thank you for your comments. No action required.

Stakeholder	Comment number	Comments [sic]	Action
		Please identify the nature of the data which you understand to be available to enable the committee to take account of these benefits. N/A.	
	4	Questions re “promoting equality of opportunity, eliminating unlawful discrimination and fostering good relations between people with particular protected characteristics and others”. No comments.	Thank you for your comment. No action required.
	5	NICE intends to evaluate this technology through its Single Technology Appraisal process. We consider this appropriate.	Thank you for your comment. No action required.
	6	Other comments: A). We would suggest that NICE considers carefully whether the availability of this more mature evidence from the CROWN trial adequately addresses the key uncertainties raised by the Committee during TA909, particularly given the recent data is limited to a post-hoc analysis of investigator-assessed PFS. Additional uncertainties from TA909 include the generalisability of evidence from the CROWN trial to NHS clinical practice, because the subsequent treatments used in CROWN do not align with those used in the NHS, and also the impact of first-line lorlatinib on overall survival. B). As per Appendix B of the Review Proposal and given the remaining uncertainties described above, NICE may wish to consider whether the decision to review the guidance should be deferred. It could for example be deferred until the estimated final completion date of the CROWN trial, at which time more mature overall survival data would be available.	Thank you for your comments. A review of TA909 has been planned into the NICE’s work programme. The committee will take into consideration all the evidence submitted, including clinical evidence from CROWN trial and it will consider any uncertainties associated with the evidence in its decision

Stakeholder	Comment number	Comments [sic]	Action
			making. No action required.
British Thoracic Oncology Group	1	The updated CROWN PFS data is the most impressive data seen for a solid tumour and re-affirms the clinical need to have Lorlatinib available for our patients	Thank you for your comment. No action required.
	2	The CNS protection and efficacy demonstrated in the updated trial data are also highly impressive and from a patient perspective transforming from a clinical / prognosis aspect as well as quality of life. This can also alleviate NHS burden in terms of brain monitoring as well as treating brain metastases with radiotherapy (conventional or stereotactic) / Surgery	Thank you for your comment. No action required.
	3	In a global study subsequent treatments are always difficult to apply to a UK population, but that should not detract from the PFS benefit which stands alone. The subsequent therapy landscape is continually evolving for ALK positive patients	Thank you for your comment. No action required.
ALK Positive UK	1	We believe the latest data from the Crown trial looking at 5yr progression free survival warrants a new review from NICE	Thank you for your comment. No action required.
	2	The data provided by the latest Crown trial publication shows a positive impact on the development of brain metastases.	Thank you for your comment. No action required.
	3	We know from patients' experiences that any management of progression comes with its own set of challenges so to have the potential to be progression free for 5yrs has an enormous benefit to quality of life.	Thank you for your comment. No action required.

Stakeholder	Comment number	Comments [sic]	Action
	4	70% of ALK+ patients develop brain metastases which will result in the patient losing their driving licence. Approximately 50% of our members are under 50yrs of age and have young families and or jobs. The loss of a driving licence has a significant effect on their quality of life as it makes continuing with all your daily activities - driving children to school, food shopping, visiting elderly relatives and being able to get to work, extremely difficult and burdensome. Patients are either reliant on others, which affects their self esteem sometimes leading to depression or they have to rely on public transport or pay for expensive taxis.	Thank you for your comment. No action required.