**National Institute for Health and Care Excellence**

**Health Technology Evaluation**

# Ripretinib for treating advanced gastrointestinal stromal tumours after 3 or more treatments (review of TA881) [ID6496]
# Response to stakeholder organisation comments on the draft remit and draft scope [ID6496]

**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 |
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| Appropriateness of an evaluation and proposed evaluation route | Deciphera | A single technology appraisal is appropriate for evaluating ripretinib. | Thank you for your comment. No change to the scope made. |
| | PAWS-GIST | We welcome this evaluation of Ripretinib for treating GIST after three or more treatments.<br>It is appropriate to evaluate Ripretinib via a single technology appraisal. | Thank you for your comment. No change to the scope made. |
| Wording<br>*Does the wording of the remit reflect the issue(s) of clinical and cost effectiveness about this technology or* | Deciphera | No comments | Thank you for your comment. No change to the scope made. |
| | PAWS-GIST | Yes | Thank you for your comment. No change to the scope made. |

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| *technologies that NICE should consider? If not, please suggest alternative wording.* | | | |
| Additional comments on the draft remit | Deciphera | None | Thank you for your comment. No change to the scope made. |
| | PAWS-GIST | None | Thank you for your comment. No change to the scope made. |

**Comment 2: the draft scope**

| Section | Consultee/ Commentator | Comments [sic] | Action |
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| Background information | Deciphera | The background information is accurate except for a comment on TA86, stating that "The guidance notes that approximately 16% of patients will experience primary resistance to imatinib".<br><br>This should be checked as the guidance instead states that 16 patients out of 147 had resistance to imatinib, with 3 patients exhibiting primary resistance (no response to imatinib). | Thank you for your comment. The scope has been updated for the correct patient numbers. |
| | PAWS-GIST | We think that the following information should be added to the background information as part of paragraph 4: | Thank you for your comment. The purpose of the scope is to give a brief overview of NICE |

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| | | NICE technology appraisal guidance 881 did not recommend ripretinib for treating advanced gastrointestinal stromal tumour (GIST) in adults after 3 or more kinase inhibitors but recognised the following:<br><br>Clinical trial evidence shows that ripretinib increases the time before the cancer gets worse and increases how long people live compared with best supportive care.<br><br>Ripretinib meets NICE's criteria to be considered a life-extending treatment at the end of life.<br><br>The reasons given for not approving ripetinib were that:<br><br>- the economic model related to 881 did not reflect clinical practice about when to change treatment when advanced GIST gets worse. This was not in line with how ripretinib would be used in the NHS<br>- it was not possible to work out if ripretinib is cost effective with the available analyses, so it was not recommended. | recommended treatments. The information suggested can be found in the Final Draft Guidance for TA881. |
| Population<br>*Is the population defined appropriately?* | Deciphera | The population defined in the draft scope is accurate. | Thank you for your comment. No change to the scope made. |
| | PAWS-GIST | Yes | Thank you for your comment. No change to the scope made. |

| Section | Consultee/ Commentator | Comments [sic] | Action |
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| Subgroups | Deciphera | We do not consider the proposed subgroups to be relevant, as all patients of interest are resistant or intolerant or have progressed on tyrosine kinase inhibitors. | Thank you for your comment. The subgroups listed may be clinically distinct and so are deemed appropriate to consider as part of this evaluation. Stakeholders, including the company, will have the opportunity to justify why these subgroups are not appropriate for consideration in their submissions. No change to the scope made. |
| | PAWS-GIST | The sub-groups of patients suggested in the scope are appropriate | Thank you for your comment. No change to the scope made. |
| Comparators<br>*Are the comparators listed considered to be the standard treatments currently used in* | Deciphera | Please amend to “Best supportive care”, which we consider to be the only appropriate comparator in the absence of any NICE-recommended treatment in this patient population. | Thank you for your comment. The scope has not been amended so the comparators are kept broad. |
| | PAWS-GIST | Yes | Thank you for your comment. The comparator has been |

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| *the NHS with which the technology should be compared? Have all relevant comparators been included?* | | | updated to 'Best supportive care' in response to other stakeholder comments. |
| Outcomes<br>*Are the outcomes listed appropriate? Will these outcome measures capture the most important health related benefits (and harms) of the technology?* | Deciphera | The outcomes are appropriate for capturing the most important health-related benefits of ripretinib.<br><br>However, please consider including "stable disease", given this outcome is a more meaningful indicator of benefit to progression free survival and overall survival in patients with GIST. | Thank you for your comment. This outcome has been added to the scope. |
| | PAWS-GIST | Yes | Thank you for your comment. No change to the scope made. |
| Equality | Deciphera | There are no issues with the proposed remit and scope with regards to equality. | Thank you for your comment. No change to the scope made. |
| | PAWS-GIST | No comment | Thank you for your comment. No change to the scope made. |

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| Other considerations | Deciphera | No comments | Thank you for your comment. No change to the scope made. |
| | PAWS-GIST | None | Thank you for your comment. No change to the scope made. |
| Questions for consultation | Deciphera | **Question: Please identify any new evidence that has become available since NICE technology appraisal guidance 881 was published?**<br>New evidence that has become available since TA881:<br>• Real-world evidence from patients with advanced GIST treated with ripretinib at The Royal Marsden Hospital in England. The evidence includes data on progression-free survival (PFS), overall survival (OS), and time to treatment discontinuation (TTD).<br>• An advisory board meeting was held between Deciphera Pharmaceuticals and UK experts in the management of GIST on Friday, 26 July 2024. The objective of the meeting was to understand the generalisability of INVICTUS to UK clinical practice and to explore and validate the assumptions used in the health economic model for UK HTA submissions.<br><br>Several changes have also been made to the health economic model submitted in NICE TA881 to address the key concerns from the NICE committee:<br>• Removing the stopping rule and modelling TTD separately to PFS<br>• Adjusting the utility values to account for the introduction of TTD into the model resulting in a 4-state model | Thank you for your comments. No change to the scope made. |

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| | | • Costing per pack, which assumes full wastage and is in line with NICE's new guidance<br><br>**Question: Where do you consider ripretinib will fit into the existing care pathway for advanced gastrointestinal stromal tumours?**<br>Ripretinib will fit into the existing care pathway for advanced GIST, positioned after patients have received prior treatment with 3 or more prior lines of tyrosine kinase inhibitors<br><br>Ripretinib will be prescribed in:<br>c) secondary care with routine follow-up in secondary care<br><br>**Question: For comparators and subsequent treatments, please detail if the setting for prescribing and routine follow-up differs from the intervention.**<br>There will be no deviation in the setting for prescribing and routine follow up compared to comparators and subsequent treatments.<br><br>**Question: Would ripretinib be a candidate for managed access?**<br>Ripretinib is not currently considered a candidate for managed access.<br>However, if significant delays occur in its approval by NICE or availability through standard channels, the candidacy of ripretinib for managed access would be reconsidered by Deciphera to ensure patients with advanced GIST can access and benefit from ripretinib in a timely manner. | |

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| | | **Question: Do you consider that the use of ripretinib can result in any potential substantial health-related benefits that are unlikely to be included in the QALY calculation?**<br>**Please identify the nature of the data which you understand to be available to enable the committee to take account of these benefits.**<br>Aside from those taken into account in the QALY calculation, there are significant potential health-related benefits of ripretinib to carers quality of life and the aspect of providing 'hope' for patients which cannot be quantified.<br><br>These benefits can be considered by the committee via patient, carer and clinician testimony.<br><br>**Question: Please indicate if any of the treatments in the scope are used in NHS practice differently than advised in their Summary of Product Characteristics. For example, if the dose or dosing schedule for a treatment is different in clinical practice. If so, please indicate the reasons for different usage of the treatment(s) in NHS practice. If stakeholders consider this a relevant issue, please provide references for data on the efficacy of any treatments in the pathway used differently than advised in the Summary of Product Characteristics.**<br>To the best of our knowledge, none of the treatments in scope are used differently compared to what is advised in their Summary of Product Characteristics.<br><br>**Question: NICE is committed to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relations between people with particular protected characteristics and others. Please let us know if you think that the proposed remit and scope may** | |

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| | | **need changing in order to meet these aims. In particular, please tell us if the proposed remit and scope:**<br>• **could exclude from full consideration any people protected by the equality legislation who fall within the patient population for which ripretinib is licensed;**<br>• **could lead to recommendations that have a different impact on people protected by the equality legislation than on the wider population, e.g. by making it more difficult in practice for a specific group to access the technology;**<br>• **could have any adverse impact on people with a particular disability or disabilities.**<br>Please see comments under 'equality' section. | |
| | PAWS-GIST | The following new evidence has become available since NICE technology appraisal 881 was published:<br>https://pmc.ncbi.nlm.nih.gov/articles/PMC10930637/<br>Efficacy and Safety of Ripretinib in Advanced Gastrointestinal Stromal Tumors within an Expanded Access Program: A Cohort Study<br><br>**C.** ripretinib will be prescribed in secondary care with routine follow-up in secondary care<br><br>**For comparators and subsequent treatments, please detail if the setting for prescribing and routine follow-up differs from the intervention?**<br><br>There are no comparators for Ripretinib<br><br>**Would ripretinib be a candidate for managed access?** | Thank you for your comments. No change to the scope made. |

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| | | If managed access refers to being available via the Cancer Drug fund, then the answer is yes. | |
| Additional comments on the draft scope | Deciphera | There are two spelling errors of ripretinib in Appendix B where “repritinib” should be changed to “ripretinib” – page 1 and page 3<br>Additionally, in Appendix B in the Background section, KIT is first mentioned as “tyrosine kinase (KIT) CD117”, however this is incorrect and should be changed to “tyrosine kinase CD117 (KIT)” | Thank you for your comment. These changes have been made to the scope. |
| | PAWS-GIST | The Economic analysis section has been missed out above, is that correct?<br>Should there be some references to papers providing the outcomes of clinical trials of ripretinib? | The economic analysis section is included in the table in the scope. It is also standard practice for clinical trials to not be referenced in the scope, unless specific information from a trial is included in the scope. |

**The following stakeholders indicated that they had no comments on the draft remit and/or the draft scope**

Sarcoma UK
Bowel Cancer UK