

Bevacizumab for the treatment of non-smallcell lung cancer (terminated appraisal)

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www.nice.org.uk/guidance/ta148

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Advice

NICE is unable to recommend the use in the NHS of bevacizumab in addition to platinumbased chemotherapy for the first-line treatment of patients with unresectable advanced, metastatic or recurrent non-small-cell lung cancer (other than predominantly squamous cell histology) because no evidence submission was received from the manufacturer or sponsor of the technology.

Background

The manufacturer of bevacizumab (Roche Products) was invited to submit evidence for this single technology appraisal in April 2007.

In June 2007, the manufacturer informed NICE that it would not be launching or promoting bevacizumab for the lung cancer indication and as a result it would not be making an evidence submission for this appraisal.

NICE has therefore terminated this single technology appraisal.

Information

NHS organisations should take into account the reasons why the manufacturer did not make an evidence submission when considering whether or not to recommend local use of bevacizumab in addition to platinum-based chemotherapy for the first-line treatment of patients with unresectable advanced, metastatic or recurrent non-small-cell lung cancer. If, after doing this, organisations still wish to consider the use of bevacizumab in addition to platinum-based chemotherapy for the first-line treatment of patients with unresectable advanced, metastatic or recurrent of patients with unresectable advanced, metastatic or recurrent of patients with unresectable advanced, metastatic or recurrent non-small-cell lung cancer, they should follow the advice set out in the government's good practice guidance on managing the introduction of new healthcare interventions and links to NICE technology appraisal guidance, which outlines the approach that should be adopted in circumstances where NICE guidance is unavailable.

NICE will review the position at any point if the manufacturer indicates that it wishes to make a full submission.

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