NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

GUIDANCE EXECUTIVE (GE)

Consideration of consultation responses on review proposal

Review of TA183; Topotecan for the treatment of recurrent carcinoma of the cervix

This guidance was issued October 2009 with a review date of September 2012

Background

At the GE meeting of 28 August 2012 it was agreed we would consult on the review plans for this guidance. A four week consultation has been conducted with consultees and commentators and the responses are presented below.

Proposal put to consultees:	The guidance should be transferred to the 'static guidance list'.
Rationale for selecting this proposal	There are no clinical studies that are directly relevant to the decision problem for TA183 that have reported or are ongoing. Since the publication of TA183, the patent for topotecan has expired, with cheaper generic formulations now on the market. Results from a recently published cost-effectiveness analysis suggest that the reduction in the acquisition cost is not likely to have an impact on the existing recommendation for women who have previously received cisplatin. In summary, there is no significant new evidence that is likely to lead to a change in the recommendations, and no relevant ongoing studies, therefore it is appropriate that the guidance be transferred to the static list.

GE is asked to consider the original proposal in the light of the comments received from consultees and commentators, together with any responses from the appraisal team. It is asked to agree on the final course of action for the review.

Recommendation post consultation:	The guidance should be transferred to the 'static guidance list'.

Respondent	**Response to proposal**	**Details**	**Comment from Technology Appraisals**
Bristol-Myers-Squibb	Agree	We agree with the proposal.	Response noted.
Department of Health	Agree	We will not be submitting any substantive comments regarding NICE's proposals, other than to advise that the static list sounds fine.	Response noted.
GlaxoSmithKline	Agree	We support the proposal to move this appraisal to the static list.	Response noted.
Royal College of Nursing	No comment	Feedback received from nurses working in this area of health suggest that there is no additional evidence to submit on behalf of the RCN to inform the development of this guidance, other than what can be found in systematic reviews.	Response noted.
Royal College of Physicians Royal College of		Our experts believe that Topotecan should continue to be made available for patients with stage IV recurrent or newly diagnosed, advanced squamous carcinoma of the cervix. The series of Clinical Trials carried out by the GOG for patients	Response noted. In its deliberations on clinical and cost effectiveness in Technology Appraisal 183,

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Radiologists Association of Cancer Physicians British Gynaecological Cancer Society		with either recurrent or newly diagnosed stage IVB disease have shown that combined platinum therapy is better than single agent Cisplatin. • The GOG 169 Study demonstrated that Cisplatin and Paclitaxel is superior to Cisplatin alone, doubling response rates and progression free survival. • The GOG 179 Study showed a survival benefit for Cisplatin and Topotecan combined compared to Cisplatin alone. • The GOG 204 Study comparing four cisplatin doublets failed to show any benefit for Cisplatin/Topotecan over the reference arm of Cisplatin/Paclitaxel, or the combinations of Cisplatin/Gemcitabine or cisplatin/vinorelbine. By way of background information, it is important to recognise that during this time there have been considerable changes in practice and the vast majority of patients with invasive cervix cancer will have received Cisplatin as part of their initial treatment plan, either concomitant with radiation or as an adjuvant after surgery for patients with either recurrent or newly diagnosed stage IVB disease. It is now becoming apparent that when there has been prior Cisplatin exposure, the situation is	the Committee had considered the then available evidence relating to people with recurrent or stage IVB cervical cancer who have and have not received prior cisplatin chemotherapy, including evidence from GOG-0179 and GOG-0204. The Committee concluded that topotecan in combination with cisplatin was a cost-effective use of NHS resources only in cisplatin-naïve people (see sections 4.5, 4.16 and 4.19 in Technology Appraisal183 for more details). NICE would not normally review published guidance through its appraisal processes unless there is significant new evidence to warrant this. For this review proposal, the literature search did not identify significant evidence regarding people with recurrent or stage IVB cervical cancer who have received prior cisplatin chemotherapy other than that originally considered by the Committee during TA183. Therefore NICE has recommended that Technology Appraisal 183 be put on the static list. Topics on the static list may be transferred back to the active list for further reconsideration for appraisal if new evidence becomes available that is likely to have a

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		analogous to ovarian cancer in that platinum resistance is identified and in the GOG 179 Study patients recurring or relapsing within 15 months when treated with prior platinum combinations fared less well than those where there was a longer platinum free interval till relapse. Not all patients are suitable to receive Cisplatin and Paclitaxel either due to pre-existing or underlying neurological conditions, which make Paclitaxel's use inappropriate. Furthermore since there is a modest risk of Paclitaxel hypersensitivity (occurring in 10-20% of cases) an alternative regimen should be made available. **Therefore given that combination chemotherapy is superior and Cisplatin and Topotecan is not inferior to the other combinations** it is recommended that this combination should be made available for patients with newly diagnosed, stage IVB cervix cancer or for patients with recurrent cervix cancer, either chemonaïve or where there is a platinum free interval in excess of 16 months. As part of the supporting statement, we attach the protocol which was accepted in West of Scotland following SMC approval of Topotecan in cervix cancer in 2008 (see appendix 1). Appendix 1 not reproduced here.	material effect on the guidance issued.

No response received from:

Manufacturers/sponsors • Accord Healthcare (topetecan) • Actavis UK (topetecan) • Fresenius Kabi Oncology (topetecan) • Hospira UK (topetecan) • Medac (topetecan) • Mylan UK (topetecan) • Teva UK (topetecan) Patient/carer groups • Afiya Trust • Black Health Agency • Cancer Black Care • Cancer Equality • Cancer 52 • Counsel and Care • Equalities National Council • Family Planning Association • Gynae C • Helen Rollason Heal Cancer Charity • Jo's Trust – Cervical Cancer Community • Macmillan Cancer Support • Maggie's Centres • Marie Curie Cancer Care • Marie Stopes International (MSI) • Muslim Council of Britain • Muslim Health Network • Rarer Cancers Foundation • South Asian Health Foundation	General • Allied Health Professionals Federation • Board of Community Health Councils in Wales • British National Formulary • Care Quality Commission • Commissioning Support Appraisals Service • Department of Health, Social Services and Public Safety for Northern Ireland • Healthcare Improvement Scotland • Medicines and Healthcare products Regulatory Agency • National Association of Primary Care • National Pharmacy Association • NHS Alliance • NHS Commercial Medicines Unit • NHS Confederation • Public Health Wales NHS Trust • Scottish Medicines Consortium Possible Comparator manufacturer(s) • Accord Healthcare (carboplatin, cisplatin, and paclitaxel) • Actavis UK (paclitaxel) • Fresenius Kabi Oncology (carboplatin and paclitaxel) • Hospira UK (carboplatin, cisplatin, and paclitaxel) • Medac (paclitaxel) • Pfizer (cisplatin) • Sandoz (carboplatin, cisplatin, and paclitaxel) • Sun Pharmaceuticals (carboplatin) • Teva UK (carboplatin, cisplatin, and paclitaxel) • Wockhardt (carboplatin, cisplatin, and paclitaxel)

• Specialised Healthcare Alliance • Tenovus • Wellbeing of Women • Women's Health Concern <u>Professional groups</u> • Association of Surgeons of Great Britain and Ireland • British Association for Services to the Elderly • British Association of Surgical Oncology • British Geriatrics Society • British Psychosocial Oncology Society • British Society for Clinical Cytology • British Society for Colposcopy and Cervical Pathology • Cancer Network Pharmacists Forum • Cancer Research UK • Royal College of Anaesthetists • Royal College of General Practitioners • Royal College of Obstetricians & Gynaecologists • Royal College of Pathologists • Royal College of Surgeons • Royal Pharmaceutical Society • Royal Society of Medicine • United Kingdom Clinical Pharmacy Association • United Kingdom Oncology Nursing Society <u>Others</u> • Abertawe Bro Morgannwg University Health Board • Sussex PCT Cluster • Welsh Government	<u>Relevant research groups</u> • Cochrane Gynaecological Cancer Group • Eve appeal • Institute of Cancer Research • MRC Clinical Trials Unit • National Cancer Research Institute • National Cancer Research Network • National Institute for Health Research • Research Institute for the Care of Older People <u>Evidence Review Group</u> • Assessment Group tbc • National Institute for Health Research Health Technology Assessment Programme <u>Associated Guideline Groups</u> • National Collaborating Centre for Cancer <u>Associated Public Health Groups</u> • None

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