NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

GUIDANCE EXECUTIVE (GE)

Review of TA240; Panitumumab in combination with chemotherapy for the treatment of metastatic colorectal cancer, and TA242; Cetuximab (mono- or combination chemotherapy), bevacizumab (combination with non-oxaliplatin chemotherapy) and panitumumab (monotherapy) for the treatment of metastatic colorectal cancer after first-line chemotherapy

Final recommendation post consultation
TA242 should be transferred to the 'static guidance list'. The termination advice in TA240 should remain in place.

1. Background

The termination advice for TA240 was issued in December 2011. TA242 was published in January 2012.

At the GE meeting of 27 January 2015 it was agreed that we would consult on the recommendations made in the GE proposal paper. A four week consultation has been conducted with consultees and commentators and the responses are presented below.

2. Proposal put to consultees and commentators

TA242 should be transferred to the 'static guidance list'. The termination advice in TA240 should remain in place.

3. Rationale for selecting this proposal

No new evidence that warrants a review of TA240 or TA242 has been identified. The change in the marketing authorisation for panitumumab is unlikely to materially impact on the cost effectiveness. For cetuximab, the implications of the licence restriction on the cost effectiveness in second line treatment are unknown because the licence change is based on studies of first-line treatment. The price of all 3 drugs has not changed since the original appraisal. It is therefore recommended that TA240 and TA242 are moved to the static list. NICE will reflect the revised marketing authorisations on the landing pages of TA240 and TA242.

4. Summary of consultee and commentator responses

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.

Respondent: Royal College of Physicians, National Cancer Research Institute, Royal College of Radiologists, Association of Cancer Physicians **Response to proposal:** Agree Overall, our experts believe that the proposal to move the existing guidance to the static list is reasonable. We would emphasise that for both cetuximab and panitumumab the change in licence to include updated use of predictive biomarkers (extended RAS mutations to now include exons 3 and 4 of KRAS and exons 2, 3 and 4 of NRAS) has been very useful. This stops an additional ~15% of patients with metastatic CRC receiving EGFR inhibitors which would be of no value for them. This step, even with no change in drug costs, will make the use of these drugs in their new indications more cost-effective.	**Comment from Technology Appraisals** Response noted. No action required.

Respondent: Roche Products **Response to proposal:** No objection We have no objection to moving the above guidance to the static list as we agree with the assessment that no new evidence related to these technologies has been identified for the second-line treatment of metastatic colorectal cancer.	**Comment from Technology Appraisals** Response noted. No action required.

Respondent: Amgen **Response to proposal:** Agree We support the recommendations, and have no additional comments.	**Comment from Technology Appraisals** Response noted. No action required.

Paper signed off by: Elisabeth George, 12 March 2015

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