NICE National Institute for Health and Care Excellence

Putting NICE guidance into practice

Resource impact report:
Cabazitaxel for hormone-relapsed metastatic prostate cancer treated with docetaxel (TA391)

Document issue date: August 2016
Published: May 2016

Summary

NICE has recommended cabazitaxel, in combination with prednisone or prednisolone, as an option for treating metastatic hormone-relapsed prostate cancer for some people whose disease has progressed during or after docetaxel chemotherapy (see section 1.2).

Cabazitaxel is an additional treatment option that is an alternative to radium-223 dichloride, abiraterone, enzalutamide or best supportive care for people with metastatic hormone-relapsed prostate cancer treated with docetaxel. It will be available to the NHS with a patient access scheme which makes it available with a discount (see section 1.3).

Cabazitaxel has been available under the Cancer Drugs Fund (CDF) since April 2013.

In future, use of the technology will fall into routine commissioning. The estimated annual resource impact for specialised commissioning can be calculated using the template supporting this report. The technology was previously funded from the cancer drugs fund, and will be removed from the fund 90 days after the publication of this guidance.

Around 1,600 people are likely to be eligible for treatment options available after docetaxel chemotherapy.

Based on CDF Notifications and Individual CDF Requests records, around 370 people were treated under the CDF with cabazitaxel as second-line treatment after docetaxel chemotherapy in 2014–15. This is not anticipated to change as result of the move from the CDF to routine commissioning.

This technology is commissioned by NHS England. Providers are NHS hospital trusts.

1 Introduction

1.1 This report looks at the resource impact of implementing the NICE guidance on cabazitaxel for hormone-relapsed metastatic prostate cancer treated with docetaxel in England.

1.2 The guidance states that:

- Cabazitaxel in combination with prednisone or prednisolone is recommended as an option for treating metastatic hormone-relapsed prostate cancer in people whose disease has progressed during or after docetaxel chemotherapy, only if:
  - the person has an eastern cooperative oncology group (ECOG) performance status of 0 or 1
  - the person has had 225 mg/m^2 or more of docetaxel
  - treatment with cabazitaxel is stopped when the disease progresses or after a maximum of 10 cycles (whichever happens first).
- In addition, cabazitaxel is recommended only if:
  - the company provides cabazitaxel with the discount in the patient access scheme agreed with the Department of Health, and
  - NHS trusts purchase cabazitaxel in accordance with the commercial access agreement between the company and NHS England, either:
  - in pre prepared intravenous infusion bags, or
  - in vials, at a reduced price that includes a further discount reflecting the average cost of waste per patient (see section 2.3 for details).
- When using ECOG performance status, healthcare professionals should take into account any physical, sensory or learning disabilities, or communication difficulties that could

affect ECOG performance status and make any adjustments they consider appropriate.

- This guidance is not intended to affect the position of patients whose treatment with cabazitaxel was started within the NHS before this guidance was published and whose treatment with cabazitaxel is not recommended in this NICE guidance. Treatment of those patients may continue without change to whatever funding arrangements were in place for them before this guidance was published until they and their NHS clinician consider it appropriate to stop.

1.3 The Department of Health and Sanofi have agreed that cabazitaxel will be available to the NHS with a patient access scheme which makes it available with a discount. The size of the discount is commercial in confidence. It is the responsibility of the company to communicate details of the discount to the relevant NHS organisations. Any enquiries from NHS organisations about the patient access scheme should be directed to Sanofi on 0845 372 7101 or uk-medicalinformation@sanofi.com. In addition, NHS England and Sanofi have agreed a commercial access agreement for cabazitaxel; queries about the agreement should also be directed to Sanofi.

1.4 This report is supported by a resource impact template which requires the commercial in confidence discounted prices of cabazitaxel and the alternative treatments options to be input into the template in order to estimate the resource impact. The template aims to help organisations in England, Wales and Northern Ireland plan for the financial implications of implementing the NICE guidance by amending the variables in the blue cells.

1.5 This technology is commissioned by NHS England. Providers are NHS hospital trusts.

2 Background and epidemiology of prostate cancer

2.1 Prostate cancer is a condition in which tumours develop in the prostate, a gland in the male reproductive system. Its cause is thought to be multifactorial, involving both environmental and genetic factors.

2.2 Treatment options for people with metastatic hormone-relapsed prostate cancer who have been treated with docetaxel include: radium-223 dichloride (if they have symptomatic bone metastases and no known visceral metastases), cabazitaxel (currently available through the CDF), abiraterone, enzalutamide or best supportive care.

2.3 Table 1 shows the total number of notifications (patients) received by NHS England for the cabazitaxel CDF indication relevant to this appraisal (that is, second-line treatment following a docetaxel-based regimen).

Table 1 Cancer Drugs Fund notifications received by NHS England for cabazitaxel

Year	2013/14	2014/15	2015/16
Number of applications[a]	197	366	279[b]

a. NHS England. The Cancer Drugs Fund: Notifications and Individual Cancer Drug Fund Requests
b. The data available for 2015/16 covers the period from April to December.

2.4 In 2014 around 39,700 people were diagnosed with prostate cancer in England (Office for National Statistics, 2016). Table 2 shows details of the population eligible for cabazitaxel.

Table 2 Annual number of people eligible for treatment in England after docetaxel chemotherapy

Population	Proportion (percentage of previous row)	Number of people
Total population of England		53,865,817
Estimated number of people diagnosed with prostate cancer in England [a]		39,700
Number of these who develop metastatic hormone-relapsed prostate cancer [b]	15%	5,960
Number of these who have treatment with docetaxel [c]	50%	2,980
Number of these eligible for subsequent chemotherapy [c]	55%	1,640

a. Office for National Statistics: Cancer Registration Statistics, England: First release: 2014. Released on 23 February 2016.
b. Kirby M, Hirst C and Crawford ED. Characterising the castration-resistant prostate cancer population: a systematic review. Int J Clin Pract 65, 1180–1192 (2011).
c. Company submission for this appraisal of cabazitaxel (NICE technology appraisal guidance 391).

2.5 Therefore it is estimated that approximately 1,600 people are eligible for treatment after docetaxel chemotherapy, of which cabazitaxel represents 1 option.

2.6 The committee was aware that abiraterone or enzalutamide were treatment options only for people who had not taken either of these drugs previously. For people who have the option of cabazitaxel, abiraterone or enzalutamide, the committee expected that many patients and clinicians would choose abiraterone or enzalutamide because they are associated with fewer adverse events than cabazitaxel and are taken orally.

2.7 Abiraterone, enzalutamide and radium-223 dichloride are available with simple discount patient access schemes, in which the level of discount is commercial in confidence.

3 Assumptions made

3.1 Table 2 shows the population assumptions used in the resource impact template.

3.2 The resource impact template for cabazitaxel for hormone-relapsed metastatic prostate cancer treated with docetaxel models 4 treatment options: cabazitaxel; radium-223 dichloride; abiraterone; and enzalutamide.

4 Resource impact

4.1 The list price of cabazitaxel has a discount that is commercial in confidence. The discounted price of cabazitaxel can be put into the template to calculate the resource impact of the guidance.

4.2 Around 1,600 people are likely to be eligible for treatment options available after docetaxel chemotherapy.

4.3 Based on CDF Notifications and Individual CDF Requests records, around 370 people were treated under the CDF with cabazitaxel as second-line treatment after docetaxel chemotherapy in 2014–15. This is not anticipated to change as result of the move from the CDF to routine commissioning.

5 Savings and benefits

5.1 Cabazitaxel improves overall survival and progression-free survival compared with best supportive care. Evidence is limited, but the committee concluded that cabazitaxel, abiraterone and enzalutamide appear to have a similar effect on overall survival and progression-free survival.

6 Implications for commissioners

6.1 This technology will now transfer into routine commissioning and there will be a resource impact for specialised commissioning. The technology was previously funded from the cancer drugs fund. Cabazitaxel will not be funded from the cancer drugs fund after publication of this guidance.

6.2 Cabazitaxel for treating hormone-relapsed metastatic prostate cancer treated with docetaxel falls within the programme budgeting category 2H: Cancers & Tumours – Urological.

7 References

Office for national statistics: Cancer Registration Statistics, England: First release: 2014. Released on 23 February 2016.