NICE National Institute for Health and Care Excellence

Putting NICE guidance into practice

Resource impact report:
Everolimus with exemestane for treating advanced breast cancer after endocrine therapy (TA421)

Cancer Drugs Fund reconsideration of TA295

Published: December 2016

Summary

NICE has recommended everolimus with exemestane as an option for treating advanced breast cancer in postmenopausal women without symptomatic visceral disease, in line with the guidance recommendation (see section 1.2).

It is estimated that around 2,200 women will be eligible for everolimus. Based on Cancer Drugs Fund (CDF) records, around 600 women currently take everolimus. Uptake is not expected to change as a result of everolimus moving from the CDF into routine commissioning.

This report is supported by a local resource impact template because the list price of everolimus has a discount that is commercial in confidence. The discounted price of everolimus can be put into the template and other variables may be amended.

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 everolimus with exemestane for treating advanced breast cancer after endocrine therapy in England.

1.2 The guidance states that:

- Everolimus, in combination with exemestane, is recommended within its marketing authorisation as an option for treating advanced human epidermal growth factor receptor 2 (HER2)-negative hormone-receptor-positive breast cancer in postmenopausal women without symptomatic visceral disease that has recurred or progressed after a non-steroidal aromatase inhibitor. Everolimus is recommended only if the company provides it with the discount agreed in the patient access scheme.
- This guidance is not intended to affect the position of patients whose treatment with everolimus was started within the NHS before this guidance was published. 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 Novartis Pharmaceuticals have agreed that everolimus 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 the Novartis commercial operations team at commercial.team@novartis.com or on 01276 698717.

1.4 This report is supported by a resource impact template. 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.

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

2 Background and epidemiology of advanced breast cancer

2.1 There were approximately 46,100 women diagnosed with breast cancer in England in 2014 (Office for National Statistics, 2016). Around 37,500 (81%) of these women were postmenopausal.

2.2 Approximately 5% of women presenting with breast cancer have advanced disease with distant metastases and 95% present with early and localised breast cancer. It is estimated that around 35% of those presenting with early or localised breast cancer will develop advanced breast cancer in the 10 years after diagnosis.

2.3 Table 1 shows details of the population eligible for everolimus.

Table 1 Number of women eligible for treatment with everolimus in England[a]

Population	Percentage (%)	Number of women
Total population of women aged 15 years and over		22,821,431
Annual number of women with breast cancer in England	0.20	46,100
Women with breast cancer who are postmenopausal	81	37,500
Women diagnosed with early and locally advanced breast cancer	95	35,600
Women diagnosed with advanced breast cancer (5% x 37,500)	5	1,900
Women with early and locally advanced breast cancer who survive for 5 years or more (87% x 35,600)	87	31,000
Women with early and locally advanced breast cancer who survive for 5 years or more who progress to advanced stage	35	10,800
Total number of women with advanced breast cancer (10,800+1,900)		12,700
Women with advanced breast cancer that is hormone-receptor-positive (83.80% x 12,700)	84	10,700
Women with advanced breast cancer that is human epidermal growth factor receptor 2 (HER2)-negative	75	8,000
Women with advanced breast cancer that is HER2-negative and with asymptomatic visceral metastases (without visceral crisis)	75	6,000
Women with advanced breast cancer that is HER2-negative without visceral crisis in whom (hormonal) therapy is appropriate	70	4,200
Women in whom hormonal therapy is appropriate and whose disease progresses or relapses while on, or after having, a non-steroidal aromatase inhibitor	53	2,200
Women estimated to have everolimus with exemestane	27	600

a. See the resource impact template for more details of references and data sources.

2.4 Therefore it is estimated that approximately 2,200 women are eligible for everolimus each year.

2.5 From 2016/17 it is estimated that 600 women will have everolimus each year.

3 Assumptions made

3.1 The resource impact template makes the following assumptions:

- Everolimus is currently available through the CDF.
- The current prescribing of everolimus is not expected to change when it is available through routine commissioning.
- Current treatment options available to women with advanced breast cancer after endocrine therapy are not expected to change after everolimus moves into routine commissioning.
- Drug prices of the comparator treatment options are in the resource impact template

4 Resource impact

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

4.2 The template enables users to calculate the resource impact of everolimus transferring from the CDF into routine commissioning at a national and local level.

4.3 The comparators considered relevant in the original guidance were capecitabine, vinorelbine and exemestane, whilst in the CDF reconsideration the comparator was exemestane only

4.4 The current treatment and future uptake figure assumptions are based on the CDF activity and are shown in the resource impact template.

5 Savings and benefits

5.1 The committee acknowledged that the mechanism of action of everolimus may offer a step change in treatment by restoring sensitivity of the tumour to endocrine therapy.

6 Implications for commissioners

6.1 The technology will be available through routine commissioning and there will be a resource impact for specialised commissioning. The technology was previously funded through the CDF. Everolimus will not be funded through the CDF from the date of guidance publication on 21 December 2016.

6.2 Everolimus with exemestane for treating advanced breast cancer after endocrine therapy falls within the programme budgeting category 02F cancer, breast.

7 About this resource impact report

This resource impact report accompanies the NICE guidance on everolimus with exemestane for treating advanced breast cancer after endocrine therapy and should be read in conjunction with it. See terms and conditions on the NICE website.