Cancer Drugs Fund

Managed Access Agreement

Daratumumab monotherapy for treating relapsed and refractory multiple myeloma

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Cancer Drugs Fund – Data Collection Arrangement

Daratumumab monotherapy for relapsed and refractory multiple myeloma

Company name: Janssen

Primary source of data collection: **Public Health England routine population-wide cancer data sets, including Systemic Anti-Cancer Therapy data set**

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1. Purpose of data collection arrangement

1.1 The purpose of the agreement is to describe the arrangements and responsibilities for further data collection for daratumumab monotherapy in the treatment of relapsed and refractory multiple myeloma (RRMM) [TA510]. A positive recommendation within the context of a managed access agreement (MAA) has been decided by the appraisal committee.

2 Commencement and period of agreement

2.1 This data collection arrangement shall take effect on publication of the managed access agreement. Data will be collected over a three-year period, as this is deemed a reasonable duration within which to collect meaningful data for the parameters outlined in Section 4. The data collection period is

anticipated to conclude November 2020. The process for exiting the Cancer Drugs Fund will begin at this point and the review of the NICE guidance will start.

2.2 As part of the managed access agreement, the technology will continue to be available via the Cancer Drugs Fund after the data collection period has ended and while the guidance is being reviewed. This assumes that the data collection period ends as planned and the review of guidance follows the standard timelines described in the addendum to NICE's methods and processes when appraising cancer technologies

3 Patient eligibility

3.1 The population to be treated during the MAA period will be adult patients with relapsed and refractory multiple myeloma (MM) who have received three prior therapies and meet the inclusion/exclusion criteria described in the following sub-section. This is a subpopulation of the marketing authorisation granted by the European Medicines Agency (EMA) which approves the use of daratumumab monotherapy in adult patients with relapsed and refractory MM whose prior therapy included a proteasome inhibitor (PI) and an immunomodulatory (IMiD) agent and who have demonstrated disease progression on the last therapy (European Commission decision dated May 20th 2016).

3.2 The patient eligibility criteria for treatment during the MAA period are similar to the criteria outlines in the clinical trial MMY2002 and the Summary of Product Characteristics to ensure compliant and no off-label usage. The criteria includes:

- Confirmed diagnosis of MM
- Documented relapse of disease after initial response or refractory to immediately previous line of systemic therapy

- Patient has received 3 prior lines of treatment only (induction chemotherapy and stem cell transplant is considered to be 1 line of therapy) and has responded to at least 1 of these 3 lines of treatment
- Patient has previously been treated with a proteasome inhibitor
- Patient has been previously treated with an immunomodulatory agent
- Any previous treatment with a stem cell transplant has been recorded
- Patient has no previous therapy with daratumumab or an anti-CD38 antibody
- Daratumumab is only to be used as a single agent
- Daratumumab is to be continued until disease progression or unacceptable toxicity or patient choice to stop treatment
- No treatment breaks of more than 6 weeks beyond the expected cycle length are allowed (to allow any toxicity of current therapy to settle or intercurrent comorbidities to improve)
- Performance status of 0, 1 or 2
- Daratumumab to be otherwise used as set out in its Summary of Product Characteristics

3.3 In 2013, 5,501 people were diagnosed with MM in England (Cancer Research UK) and an estimated 15% of patients received three or more lines of therapy in clinical practice (Yong, 2016). Therefore, the number of RRMM patients eligible for daratumumab monotherapy as per the licence is estimated to be 825 per annum. Of these, 705 patients are expected to meet the above criteria per annum.

3.4 Daratumumab is administered on a treat-to-progression basis. Median treatment duration in MMY2002/GEN501 was 4 months (equivalent to 12 infusions). A median of 11 infusions have been received by UK patients

(n=90) offered daratumumab through an Early Access programme (EAP). Therefore, it is anticipated that average treatment duration (time on treatment per patient) within the CDF during the full MAA period will be 4 months, with patients receiving an average of 12 infusions.

4 Area(s) of clinical uncertainty

4.1 The two main areas of clinical uncertainty identified in this appraisal which could be addressed within the MAA data collection period are:

Overall survival (OS) in daratumumab patients: The Appraisal Committee (AC) expressed concerns around the generalisability of trial OS to UK clinical practice. Further evidence is required to reduce the uncertainty around OS in RRMM patients treated with daratumumab in the English clinical setting.

Subsequent treatment following daratumumab: As a consequence of the disparity in access to treatments between England and the trial sites of MMY2002 and GEN501, many of the treatments received after daratumumab in the trials were either not available in the NHS, or not available at this point in the treatment pathway, and some of these treatments were likely to prolong life when used after daratumumab. Further evidence is required to eliminate the confounding effect of subsequent treatment options not available to English patients, and reduce uncertainty around the generalisability of outcomes from MMY2002/GEN501 to the English clinical setting.

5 Source(s) of data collection

5.1 NHS England's Blueteq database captures the CDF data. NHS England shares Blueteq data with Public Health England for the CDF evaluation purposes. That sharing is governed by a data sharing agreement between NHS England and Public Health England.

5.2 Public Health England identifies, collects, collates, quality-assures and analyses large population-level datasets for specific diseases and conditions, including cancer. These datasets include the Systemic Anti-cancer Therapy (SACT) dataset, which is a mandated dataset as part of the

Health and Social Care Information Standards. The Public Health England datasets, including SACT, will be the primary source of data collection during the MAA period, with the EAP and daratumumab trials providing additional supportive data.

5.3 Public Health England will use the routinely-captured data collected during the period of the data collection arrangement to provide data on patient baseline characteristics, treatment duration, subsequent therapy where possible and survival status.

6 Outcome data

6.1 Patient baseline characteristics, treatment duration, subsequent treatment where possible and survival status will be collected from the Public Health England databases, including SACT. The number of death events and time to death following the first dose of daratumumab will be collected via Public Health England. These data will be used to validate the overall survival observed in the daratumumab trials (GEN501 and MMY2002). In addition to survival status, where possible, treatments received subsequent to daratumumab and baseline characteristics will be collected to contextualise these data against the observed OS from the daratumumab trials. The baseline characteristics that will be collected are as follows:

- Age;
- Gender;
- Performance status as defined by Eastern Cooperative Oncology Group (ECOG).

6.2 Additionally, Public Health England will explore the availability, completeness and data quality of refractory status. It is anticipated that the refractoriness data in relation to the previous line of therapy may be available from the Blueteq preauthorisation form. However, the quality and completeness of such data is unknown. If the information should prove available and to be of sufficient quality and robustness, this will also be provided.

7 Data analysis plan

7.1 Public Health England will provide reports for NHS England based on routinely collected population wide data, including that collected via SACT, during the data collection period. The report will present de-personalised summary data based on the outcomes identified in section 6. The necessary controls will be put in place to ensure that patient confidentiality is not put at risk. The report will be shared with Janssen prior to the review of the appraisal.

Proposed frequency of reporting

7.2 Completeness of Public Health England dataset reporting will be shared with Janssen on a quarterly basis. Public Health England will provide Janssen with a summary of results at the end of the data collection period in advance of the planned review of guidance.

8 Ownership of the data

8.1 The data analysed by Public Health England is derived from patient-level information collected by the NHS, as part of the care and support of cancer patients. The data is collated, maintained, quality-assured and analysed by the National Cancer Registration and Analysis Service, which is part of Public Health England. Access to the data was facilitated by the Public Health England Office for Data Release. Janssen will not have access to the Public Health England patient data, but will receive de-personalised summary data, with appropriate controls in place to cover this. Public Health England will provide a report to NHS England at the end of the managed access period, which will be shared with Janssen.

8.2 Blueteq CDF system data is owned by NHS England. NHS England is responsible for implementing Blueteq data collection and analysis. NHS England shares Blueteq data with Public Health England for CDF evaluation purposes. That sharing is governed by a data sharing agreement between NHS England and Public Health England.

9 Publication

9.1 Publication of the analysis results of data collected by Public Health England, including through SACT, will provide the primary data source, and will be planned by Public Health England. Janssen will be given access to the report produced for NHS England for the review of the appraisal and the prior to the planned start of the review.

9.2 Publication of the analysis results of Blueteq's CDF system data collected alongside the primary data source will be planned by NHS England. Janssen will be given access to any report produced for the review of the appraisal and the review of the appraisal prior to the planned start of the review.

Commercial Access Agreement

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The contents of this document have been redacted as they are confidential

- A glossary of terms relating to managed access agreements in the Cancer Drugs Fund is available here.