

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

GUIDANCE EXECUTIVE (GE)

Consideration of consultation responses on review proposal

Review of TA184; Topotecan for the treatment of relapsed small-cell lung cancer

This guidance was issued November 2009 with a review date of November 2012.

Background

At the GE meeting of 13 November 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	Since the publication of TA184, no significant new evidence has become available that would impact on the current guidance. The patent for intravenous topotecan has expired, with generic formulations now available; however this is not likely to impact on the current recommendation for intravenous topotecan. It is therefore appropriate for the guidance to be transferred to the 'static guidance 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'.
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Respondent	Response to proposal	Details	Comment from Technology Appraisals
GlaxoSmithKline	Agree	GSK supports the proposal to move this appraisal to the static list.	Response noted. No action required.
National Lung Cancer Forum for Nurses	Agree	We are not aware of any new evidence to indicate that a review is required.	Response noted. No action required.
Royal College of Nurses	No comment	Feedback received from nurses working in this area of health suggest that there are no additional comments to submit on the review proposal of the above guidance.	Response noted. No action required.
National Cancer Research Institute Royal College of Physicians Royal College of Radiologists Association of Cancer Physicians	Agree	The organisations agree with NICE's assessment with regard to the above review and accepts the decision to move this technology onto the static list	Response noted. No action required.
Roy Castle Lung Cancer Foundation	Agree	Sounds like a reasonable approach.	Response noted. No action required.

No response received from:

<p><u>Manufacturers/sponsors</u></p> <ul style="list-style-type: none">• Accord Healthcare (topotecan)• Actavis (topotecan)• Fresenius Kabi (topotecan)• Hospira (topotecan)• Medac (topotecan)• Mylan (topotecan)• Teva UK (topotecan) <p><u>Patient/carer groups</u></p> <ul style="list-style-type: none">• Afiya Trust• Black Health Agency• British Lung Foundation• Cancer Black Care• Cancer Equality• Counsel and Care• Equalities National Council• Helen Rollason Heal Cancer Charity• Macmillan Cancer Support• Maggie's Centres• Marie Curie Cancer Care• Muslim Council of Britain• Muslim Health Network• South Asian Health Foundation• Specialised Healthcare Alliance• Tenovus• UK Lung Cancer Coalition	<p><u>General</u></p> <ul style="list-style-type: none">• 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 <p><u>Possible Comparator manufacturer(s)</u></p> <ul style="list-style-type: none">• Accord Healthcare (doxorubicin)• Actavis (doxorubicin)• Baxter (cyclophosphamide)• Bristol Myers Squibb Pharmaceuticals (etoposide)• Eli Lilly (vincristine)• Genus Pharmaceuticals (vincristine)• Hameln Pharmaceuticals (doxorubicin)• Hospira (doxorubicin, vincristine)• Medac (doxorubicin, etoposide)• Pfizer (cyclophosphamide, doxorubicin)
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Professional groups

- Association of Anaesthetists
- Association of Respiratory Nurse Specialists
- Association of Surgeons of Great Britain and Ireland
- British Association for Services to the Elderly
- British Association of Surgical Oncology
- British Geriatrics Society
- British Institute of Radiology
- British Oncology Pharmacy Association
- British Psychosocial Oncology Society (BPOS)
- British Thoracic Society
- Cancer Network Pharmacists Forum
- Cancer Research UK
- Primary Care Respiratory Society
- Royal College of Anaesthetists
- Royal College of General Practitioners
- Royal College of Pathologists
- Royal College of Surgeons
- Royal Pharmaceutical Society
- Royal Society of Medicine
- Society and College of Radiographers
- United Kingdom Clinical Pharmacy Association
- United Kingdom Oncology Nursing Society

Others

- Department of Health
- North Central London PCT Cluster
- Nottinghamshire PCT Cluster
- Welsh Government

- Teva UK (doxorubicin, vincristine, etoposide)
- Wockhardt (doxorubicin)

Relevant research groups

- British Association for Cancer Research
- British Thoracic Oncology Group
- Cochrane Lung Cancer Group
- Institute of Cancer Research
- MRC Clinical Trials Unit
- National Cancer Research Network
- National Institute for Health Research
- Research Institute for the Care of Older People

Assessment Group

- Assessment Group tbc
- National Institute for Health Research Health Technology Assessment Programme

Associated Guideline Groups

- National Clinical Guideline Centre

Associated Public Health Groups

- None

GE paper sign-off: Helen Knight, Associate Director – Technology Appraisals Programme

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