National Institute for Health and Clinical Excellence

Health Technology Appraisal (MTA)

Lapatinib and trastuzumab in combination with an aromatase inhibitor for the first-line treatment of metastatic hormone receptor positive breast cancer which over-expresses HER2

Response to consultee and commentator comments on the draft scope

Comment 1: the draft scope

Section	Consultees	Comments	Action
Background information	Roche Products	This information is accurate.	Comment noted. No action required.
	GlaxoSmithKline	This section should be revised to provide further information on the unique profile of patients deemed eligible for hormone therapy and how their characteristics suggest that a hormone based (i.e. aromatase inhibitors plus anti-HER2 therapy) approach, rather than chemotherapy approach, may be preferred. Based upon this information the Institute might consider whether this population is significant enough to warrant a review of both combinations, i.e. lapatinib plus letrozole and trastuzumab plus anastrozole	The scope has been amended to reflect the recommendations for endocrine therapy in the NICE Clinical Guideline on Advanced Breast Cancer (CG81). The comparators in the scope have been amended accordingly. It was agreed at the scoping workshop in June 2009 that a multiple technology appraisal of lapatinib and trastuzumab in combination with an aromatase inhibitor was appropriate.
	Royal College of Nursing	This seems appropriate	Comment noted. No action required.
The technology/ intervention	Roche Products	Yes.	Comment noted. No action required.
	GlaxoSmithKline	No comments	Comment noted. No action required.

Section	Consultees	Comments	Action
Population	Roche Products	The population should not only be "suitable for aromatase inhibitors" but also ineligible for chemotherapy. As suggested in the background section, the choice of either a taxane or an aromatase inhibitor is dependent on whether a patient is considered to require immediate chemotherapy. It is therefore only after chemotherapy is deemed unsuitable that the decision to treat with an aromatase inhibitor +/- a biological is relevant. If patients eligible for chemotherapy are included in the scope, this will create an overlap with the ongoing re-review of NICE TA34 and may inappropriately displace the recent recommendations from CG81.	At the scoping workshop in June 2009, clinical experts indicated that chemotherapy is not necessarily unsuitable for this group of patients, and may be a treatment option at a later stage of the disease. This is also reflected in the NICE Clinical Guideline on Advanced Breast Cancer (CG81). Chemotherapy has not been included as a comparator in this appraisal reflecting the focus on women for whom endocrine therapy is considered appropriate.
	GlaxoSmithKline	No comments	Comment noted. No action required.
Comparators	Roche Products	The comparators are appropriate.	Comment noted. No action required.
	GlaxoSmithKline	It is felt that tamoxifen might not be a relevant comparator considering that the target population focused on post menopausal women in whom treatment with aromatase inhibitors would be the preferred choice of therapy (as stated in the background section of this scope)	Comment noted. Tamoxifen has been removed from the scope.

Section	Consultees	Comments	Action
	Pfizer	Aromasin is not licensed in the first-line MBC treatment. There are no studies/data of aromasin plus lapatinib or aromasin plus herceptin in the first line MBC setting.	Comment noted. It was agreed at the June 2009 scoping workshop that aromatase inhibitors were an appropriate comparator. The marketing authorisation for trastuzumab states that it is indicated "in combination with an aromatase inhibitor for the treatment of postmenopausal patients with hormone-receptor positive metastatic breast cancer, not previously treated with trastuzumab". Lapatinib does not yet have a marketing authorisation for this indication. Because the specific aromatase inhibitor-combinations are not named in the marketing authorisation, it has been decided to include all aromatase inhibitors in the scope.
Outcomes	Roche Products	No health-related quality of life has been collected in trastuzumab trials for this indication.	Comment noted. No action required.
	GlaxoSmithKline	No comments	Comment noted. No action required.
Economic analysis	Roche Products	No comments	Comment noted. No action required.
	GlaxoSmithKline	No comments	Comment noted. No action required.
Equality and Diversity	Roche Products	No comments	Comment noted. No action required.
	GlaxoSmithKline	No comments	Comment noted. No action required.
Other considerations	Liverpool Reviews and Implementation Group	LRiG (the ERG) only have one very minor comment to make on the draft scope. Regarding possible subgroups mentioned in 'Other considerations', is it possible to have disease free interval in patients who have metastatic breast cancer? (Should this be progression free interval?)	Comment noted. The wording has been amended to reflect that this is a subgroup based on time to recurrence from early to metastatic breast cancer, rather than disease free status during metastatic breast cancer.
	Roche Products	No comments	Comment noted. No action required.

Section	Consultees	Comments	Action
Questions for consultation	Roche Products	No further comments	Comment noted. No action required.
Additional comments on the draft scope.	Royal College of Nursing	We would not have a problem with this proposal. There are still many unanswered questions regarding the position and place of Lapatinib and duration of herceptin in the metastatic setting and also whether one can forgo chemotherapy for the less fit patient.	Comment noted. No action required.
	GlaxoSmithKline	No comments	Comment noted. No action required.

The following consultees/commentators indicated that they had no comments on the draft remit and/or the draft scope

The Department of Health Research Institute of the Care of Older People (RICE) Welsh Assembly Government Novartis Pharmaceuticals Macmillan Cancer Support