National Cancer Control Programme

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

NCCP Technology Review Committee (TRC)

Meeting Notes

Date of Meeting:	**Feb 1st 2021 at 4.30pm**
Venue :	**Teleconference / NCCP Offices**
Assessment:	Abemaciclib (Verzenio)
	Axicabtagene ciloleucel (Yescarta)
	Atezolizumab (Tecentriq)
	Lenvatinib (Lenvima)
	Talazoparib (Talzenna)

TEXT FOR REDACTION DUE TO DELIBERATIVE PROCESS HIGHLIGHTED IN YELLOW

TEXT FOR REDACTION DUE TO COMMERCIAL SENSITIVITY IS HIGHLIGHTED IN PINK

TEXT FOR REDACTION DUE TO CONFIDENTIALITY IS HIGHLIGHTED IN BLUE

Attendance:

Members present		
Dr. Gerard Crotty	Consultant Haematologist, MRH Tullamore: IHS representative	By 'phone
Dr. Ronan Desmond	Consultant Haematologist, Tallaght University Hospital: IHS representative	
Dr. Michael Fay	Consultant Haematologist, Mater Hospital: IHS representative	By 'phone
Ms. Patricia Heckmann	NCCP Chief Pharmacist **- Chair**	By 'phone
Prof. Michaela Higgins	Medical Oncologist, St. Vincent's University Hospital: ISMO nominee	By 'phone
Ms. Ellen McGrath	Chief Pharmacist; HSE Corporate Pharmaceutical Unit	By 'phone
NCPE representative	National Centre for Pharmacoeconomics (NCPE)	By 'phone
Dr. Dearbhaile O'Donnell	Medical Oncologist, St. James's Hospital: ISMO nominee	By 'phone
Dr. Susan Spillane	HTA Directorate: HIQA nominee	By 'phone
Non-member invited specialists present		

Apologies (members)	
Dr. Oscar Breathnach	Medical Oncologist, Beaumont: ISMO nominee
Dr. Eve O'Toole	Research Group Lead, NCCP
Dr. Linda Coate	Medical Oncologist, University Hospital Limerick: ISMO nominee

Observers present	
Ms. AnneMarie De Frein	Deputy Chief Pharmacist, NCCP

Item	Discussion	Actions
1	**Introduction & reminder re. conflict of interest & confidentiality**	
	It was noted that Dr. D. O'Mahony has completed her term as ISMO President and Prof. Michaela Higgins has joined the committee as the new ISMO President. Prof. Higgins was welcomed to the group. Dr. O'Mahony was thanked for her contribution to the group. Dr. Susan Spillane was also welcomed to the group, as the HIQA representative. It was agreed by the group to seek nominated alternative members who could step in where the primary nominated member was unavailable for a meeting. It was agreed that this meeting would be held on the last Monday of each month. Members were reminded of the confidentiality of documentation and discussions. A conflict of interest form will be sent to all members for completion for 2021. Members were asked to raise any conflicts of interest that they had in relation to any drug for discussion prior to the commencement of the discussion of that item.	NCCP to seek nominated alternate members COI form to be sent to all members for 2021
2	**Notes of previous meeting and matters arising**	
	The notes of the previous meeting on November 16th were approved.	
3	**Drugs/Technologies for consideration**	
	Abemaciclib (Verzenio®) (Ref. TRC 0) *Indicated for the treatment of women with hormone receptor (HR) positive, human epidermal growth factor receptor 2 (HER2) negative locally advanced or metastatic breast cancer in combination with an aromatase inhibitor or fulvestrant as initial endocrine-based therapy, or in women who have received prior endocrine therapy. In pre- or perimenopausal women, the endocrine therapy should be combined with a luteinising hormone-releasing hormone (LHRH) agonist.* This was not discussed due to time pressure and will be added to the agenda of the next meeting. **Atezolizumab (Tecentriq®) (Ref. TRC 078)** *In combination with nab-paclitaxel is indicated for the treatment of adult patients with unresectable locally advanced or metastatic triple-negative breast cancer (TNBC) whose tumours have PD-L1 expression ≥ 1% and who have not received prior chemotherapy for metastatic disease* This was not discussed due to time pressure and will be added to the agenda of the next meeting, **Lenvatinib (Lenvima®) (Ref. TRC 080)** *As monotherapy for the treatment of adult patients with advanced or unresectable hepatocellular carcinoma (HCC) who have received no prior systemic therapy* It was noted that this application is ongoing since 2018 when a Rapid Review was completed and that it is progressing to the HSE Drugs Group for consideration without a HTA. The clinical aspects of this indication were outlined, including that this application is based on a phase three non-inferiority study against the current option for this patient cohort. It was	NCCP to communicate recommendations to HSE Drugs Group.

	discussed that this offers a clinically useful alternative for this patient cohort, associated with a manageable toxicity profile, which is different to the current treatment option. It was noted that there are some uncertainties in certain scenarios e.g. due to the patient population in the trial being mostly of Asian origin. Having considered the clinical efficacy of the indication, and in the absence of a HTA, it was unanimously agreed to recommend approval of this indication to the HSE Drugs Group. *NCPE representative was not present for this vote, quorum was maintained. (Decision: TRC080) **Axicabtagene ciloleucel (Yescarta ®) (Ref. TRC 081)** *For the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL) and primary mediastinal large B-cell lymphoma (PMBCL), after two or more lines of systemic therapy.* The committee members discussed that the clinical evidence for this application is primarily based on a phase 1/ 2 single arm study, which is showing very favourable response rates in a very poor prognostic group. This novel treatment modality is associated with significant toxicities, including cytokine release syndrome and neurological toxicities and requires specialist in-patient care, with associated training requirements. The clinicians outlined that this patient cohort is relatively rare but is associated with a very poor prognosis and that this treatment option may represent a chance at cure for some of those patients (a "game changer"). It was noted that patients are currently accessing this treatment through the treatment abroad scheme. The committee members considered the clinical efficacy as well as the many uncertainties and the impacts of different scenarios raised in the HTA evaluation carried out by the NCPE. The HTA considered a number of limitations including the lack of comparative effectiveness and the relatively short follow up time. In the HTA submission, this was compared to a blended comparator of a number of alternate treatment regimens. In the absence of clinical data to inform the efficacy of comparator treatments, the SCHOLAR-1 data was employed as proxy data for the efficacy of these therapies. There were additional concerns related to some censoring of the trial data, including patients who had undergone re-treatment. It was noted that the alternate CAR-T agent was not included as a comparator. The Review Group highlighted that the ZUMA-1 trial is subject to a number of limitations. The short follow up of the trial leads to uncertainty in determining how the survival data will develop over time. The open-label nature of the trial results in the potential for bias. The single-arm nature of the trial limits any conclusions that can be made regarding relative efficacy. The price is structured on extrapolation of survival and the resultant ICERs were outlined as per the HTA, together with the changes made by the review group. It was noted that there are associated costs in establishing a CAR-T service and that there are new CAR-T pending in coming years. It was agreed that as an innovative treatment, it would be key to consider an appropriate pricing structure. Having considered the clinical efficacy of the indication, the uncertainties associated with long term outcomes of this treatment and the potential for cure in this patient cohort which is typically associated with very poor prognosis, it was agreed by majority to recommend approval of this indication to the HSE Drugs Group. This recommendation was subject to an improvement in cost effectiveness being achieved, and a consideration of pricing including an outcomes based approach. (Decision: TRC081)	

	Talazoparib (Talzenna ®) (Ref. TRC 082) *As monotherapy for the treatment of adult patients with germline breast cancer susceptibility gene (BRCA) mutated (gBRCAm), HER2-negative locally advanced or metastatic breast cancer. Patients should have been previously treated with an anthracycline and/or a taxane in the (neo)adjuvant, locally advanced or metastatic setting unless patients were not suitable for these treatments. Patients with hormone receptor (HR)-positive breast cancer should have been treated with a prior endocrine-based therapy, or be considered unsuitable for endocrine-based therapy.* The committee members discussed the clinical aspect of this PARP inhibitor indicated for the treatment breast cancer in line with the phase three EMBRACA trial where patients had already received a number of lines of treatment. Improvements were seen in the primary endpoint of progression free survival ((median PFS 8.6 months vs 5.6months; HR 0.54; 95% CI 0.41 to 0.71; p<0.001), which did not translate into a statistically significant overall survival. There was also an improved response rate and these were felt to be clinically meaningful for patients as they offered an opportunity to avoid further chemotherapy treatment. The safety profile of the medicine is as expected, and the associated toxicities are understood to be manageable, as clinicians have been treating ovarian cancer with PARP inhibitors for some time. The HTA used a number of methods to analyse the comparative effectiveness. The resultant ICERs were outlined, as well as the adjustments made and the areas of uncertainties identified by the review group – as detailed in the HTA. It was noted that the cost of testing was also a significant factor. Having considered the clinical efficacy of the indication and the opportunity for patients to avoid chemotherapy, as well as the consideration of the NCPE review group, the committee members agreed by majority to recommend approval of this indication to the HSE Drugs Group, subject to an improvement in cost effectiveness being achieved. (Decision: TRC082)	
4	**Update on other drugs in the reimbursement process**	
	An update on the drugs that are in the reimbursement process was circulated to members in advance of the meeting.	
5	**Next meeting**	
	The proposed date for the next meeting dates is in March, details to be circulated to the group.	
6	**Any other business / Next meeting**	
	There was no other business.	

The meeting concluded at 6.00pm.

Actions arising from meeting:

Ref.	Date of meeting	Details of action	Responsible	Update
21/01	1.2.2021	NCCP to seek nominated alternate members	NCCP	Complete
21/01	1.2.2021	COI form to be sent to all members for 2021	NCCP	Complete
21/01	1.2.2021	NCCP to communicate recommendations to HSE Drugs Group.	NCCP	Complete