National Cancer Control Programme

NCCP Technology Review Committee (TRC)

Meeting Notes

Date of Meeting:	**May 30th 2022 at 4.30pm**
Venue :	**Teleconference / NCCP Offices**
Assessment:	Apalutamide Erleada®
	Avelumab Bavencio®
	Trifluridine and tipiracil hydrochloride Lonsurf®
	Pembrolizumab Keytruda®

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		
NCPE representative	National Centre for Pharmacoeconomics (NCPE)	By 'phone
Dr Ronan Desmond	Consultant Haematologist, Tallaght University Hospital: IHS representative	By 'phone
Dr Mark Doherty	Medical Oncologist, St. Vincent's University Hospital: ISMO nominee	By 'phone
Dr Michael Fay	Consultant Haematologist, Mater Hospital: IHS representative	By 'phone
Ms Patricia Heckmann	NCCP AND - Chair	
Prof Michaela Higgins	Medical Oncologist, St. Vincent's University Hospital: ISMO nominee	By 'phone
Ms Fiona Mulligan	PCRS representative (Substitute Chair)	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 Linda Coate	Medical Oncologist, University Hospital Limerick: ISMO nominee
Dr Jarushka Naidoo	Medical Oncologist, Beaumont: ISMO nominee
Dr Dearbhaile O'Donnell	Medical Oncologist, St. James's Hospital: ISMO nominee
Dr Derville O'Shea	Consultant Haematologist, Cork University Hospital: IHS representative
Observers present	
Ms. AnneMarie De Frein	Chief 2 Pharmacist, NCCP
Ms Helena Desmond	Senior Pharmacist, NCCP

Item	Discussion	Actions
1	**Introduction & reminder re. conflict of interest & confidentiality**	
	Members were reminded 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. None were raised.	
2	**Notes of previous meeting and matters arising**	
	The notes of the previous meeting on April 4th 2022 were agreed.	
3	**Drugs/Technologies for consideration**	
	Avelumab Bavencio® (**Ref. TRC 114**) *As monotherapy for the first-line maintenance treatment of adult patients with locally advanced or metastatic urothelial carcinoma (UC) who are progression-free following platinum-based chemotherapy.* The pharmacoeconomic aspects as outlined in the HTA carried out by the NCPE were discussed. The supporting evidence for this indication is the phase III JAVELIN Bladder 100 study, which evaluated the efficacy and safety of avelumab plus best supportive care (BSC) vs BSC alone in the treatment of patients with unresectable, locally advanced or metastatic urothelial carcinoma (UC) whose disease had not progressed with 4-6 cycles of first-line platinum-based induction chemotherapy. The study was designed with two co-primary populations, all randomised patients (overall population) and patients with PD-L1-positive tumours (≥50% of patient had PDL1 positive tumours). The study met its primary endpoint demonstrating a statistically significant prolonged overall survival (OS) in both co-primary populations with a 31% benefit in survival in the overall population and a greater benefit (44%) in the PDL1 positive population, while there was no clear benefit seen in the non-PDL1 population. The safety profile was discussed, and no new safety concerns were raised. The anticipated place in the treatment pathway is in line with the licensed indication and currently there is no other licensed first line maintenance treatment for this patient population in Ireland. Limitations in the models used were identified, maximum duration of treatment is assumed 10 years; however, it was noted that very few patients would remain on treatment for 10 years. There are some uncertainties in the estimates, and treatment is associated with a high ICER, above the wiliness to pay threshold. Estimated patient numbers and market share were outlined as well as the estimated 5 year cumulative budget impact (BI). It was discussed that this is associated with a significant BI. The clinical aspects of this indication were discussed. There is a desire among the clinicians to have this treatment option available to this cohort of patients. Under the existing treatment structure, all patients receive first line treatment with platinum-based chemotherapy, and on disease progression are treated with pembrolizumab as second line therapy. The introduction of avelumab in this earlier maintenance would be expected to bring a survival benefit to this patient cohort and may displace the second line treatment with pembrolizumab. Having considered the clinical efficacy of the indication in this patient cohort the committee members agreed by majority to recommend approval of this indication to the HSE Drugs Group, subject to an improvement in cost.	

(Decision:TRC114)

Pembrolizumab Keytruda® (**Ref. TRC 115)**

In combination with chemotherapy for the treatment of locally recurrent unresectable or metastatic triple negative breast cancer in adults whose tumours express PD-L1 with a combined positive score (CPS) ≥10 and who have not received prior chemotherapy for metastatic disease.

The clinical aspects of this indication were discussed, noting that pembrolizumab is already approved for reimbursement in a number of indications. The supporting evidence for this indication is the phase III KEYNOTE-355 study, which evaluated the efficacy and safety of pembrolizumab in combination with chemotherapy, compared to chemotherapy alone in the treatment of metastatic triple negative breast cancer (TNBC). It was discussed that there were a number of protocol amendment made to this study, including changing the cohort to those expressing PDL1 with a CPS >/=10. The study demonstrated a statistically significant improvement in both progression free survival (PFS) and overall survival (OS). The study showed an improved PFS of 4.1 months (median 9.7 months in pembrolizumab plus chemotherapy arm vs 5.6 months in chemotherapy alone arm) and OS benefit of 6.9 months (median 23 months in the pembrolizumab plus chemotherapy arm vs 16.1 months in the chemotherapy alone arm), with a survival benefit of 27%. The safety profile was discussed, and no new safety concerns were raised.

The pharmacoeconomic aspects as outlined in the rapid review assessment carried out by the NCPE were discussed, noting that a full HTA was recommended at the submitted price. It was also discussed that another immunotherapy in combination with chemotherapy in this space is already approved for reimbursement, which is less costly that pembrolizumab plus chemotherapy at the submitted price. Some uncertainties identified by the NCPE's Review Group were outlined, including the potential patient numbers and budget impact (BI). It was discussed that this is associated with a significant BI over 5 years.

There is a strong desire among the clinicians to have this treatment option available to this cohort of patients. It was discussed that although there is an immunotherapy in combination with one type of chemotherapy approved for reimbursement in this indication, international best practice guidelines recommend the use of pembrolizumab in combination with chemotherapy noting it is supported by level 1 evidence and has shown a clear OS benefit of approx. 7months. It was also noted that the alternate immunotherapy was initially given accelerated approval by the FDA but this has since been withdrawn. Additionally pembrolizumab has been studied in combination with a number of chemotherapy options, which provides the clinicians with more options to treat patients.

It was noted that NICE recommended approval of a sub-set of the full indication but the clinicians outlined their strong preference to have this full indication available for patients as well as some concern that this would lead to additional workload in the testing pathway for labs and pathologists, noting that a different testing platform is utilised for pembrolizumab than the currently available.

Having considered the clinical efficacy of the indication in this patient cohort the committee members agreed by majority to recommend approval of this indication to the HSE Drugs Group, subject to an improvement in cost.

(Decision:TRC115)

	Apalutamide Erleada® (**Ref. TRC 116)** *For the treatment of patients with metastatic hormone sensitive prostate cancer (mHSPC) in combination with androgen deprivation therapy.* This item was not discussed due to time pressure and will be added to the agenda for the next meeting. Trifluridine and tipiracil hydrochloride Lonsurf® (**Ref. TRC 117)** *As monotherapy for the treatment of adult patients with metastatic gastric cancer including adenocarcinoma of the gastro-oesophageal junction, who have been previously treated with at least two prior systemic treatment regimens for advanced disease.* This item was not discussed due to time pressure and will be added to the agenda for the next meeting.	
4	**Update on other drugs in the reimbursement process**	
	An update had been shared with the group in the documentation for the meeting	
5	**Next meeting**	
	The proposed date for the next meeting is June 27th	
6	**Any other business / Next meeting**	
	There was no other business.	

The meeting concluded at 5.40pm.

Actions arising from meeting:

Ref.	Date of meeting	Details of action	Responsible	Update
22/04	30.05.2022	NCCP to communicate recommendations to HSE Drugs Group.	NCCP	Completed