National Cancer Control Programme

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

NCCP Technology Review Committee (TRC)

Meeting Notes

Date of Meeting:	**September 27th 2021 at 4.30pm**
Venue :	**Teleconference / NCCP Offices**
Assessment:	Atezolizumab Tecentriq®
	Gilteritinib Xospata®
	Nivolumab Opdivo®
	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		
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	By 'phone
Prof. Michaela Higgins	Medical Oncologist, St. Vincent's University Hospital: ISMO nominee	By 'phone
Ms Fiona Mulligan	PCRS representative	By 'phone
Dr. Susan Spillane	HTA Directorate: HIQA nominee	By 'phone
Non-member invited specialists present		
None		

Apologies (members)	
NCPE Representative	National Centre for Pharmacoeconomics (NCPE)
Dr. Oscar Breathnach	Medical Oncologist, Beaumont: ISMO nominee
Dr. Linda Coate	Medical Oncologist, University Hospital Limerick: 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
Ms Helena Desmond	Senior Pharmacist

Item	Discussion	Actions
1	**Introduction & reminder re. conflict of interest & confidentiality**	
	The Chair noted that there had been some changes in membership; Dr Crotty has stepped down and thanked him for his contribution. Dr Derville OShea has replaced him as an IHS representative. Ms Ellen McGrath is on maternity leave and Ms Fiona Mulligan is replacing her as the PCRS representative. Members were reminded of the confidentiality of documentation and discussions. 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. None were disclosed.	
2	**Notes of previous meeting and matters arising**	
	The notes of the previous meeting on April 26th were approved.	
3	**Drugs/Technologies for consideration**	
	Atezolizumab Tecentriq® (**Ref. TRC 093) FOR INFORMATION ONLY** *First-line monotherapy for adults with metastatic non-small cell lung cancer (NSCLC) whose tumours have a PD-L1 expression ≥ 50% tumour cells (TC) or PD-L1 stained tumour-infiltrating immune cells (IC) tumour area (IC ≥ 10%) with no EGFR mutant or ALK genomic tumour aberrations mutations.* This application for reimbursement is being progressed as a cost minimisation piece by the PCRS and has been included on the agenda to update the TRC members that this indication will be reimbursed from 1/10/2021. **Gilteritinib Xospata®(Ref. TRC 094)** *As monotherapy for the treatment of adult patients who have relapsed or refractory acute myeloid leukaemia (AML) with a FLT3 mutation.* This is an orally administered agent to treat relapsed/ refractory FLT3 positive AML. Approx 30% of AML patients will have this mutation. The supporting evidence is a phase 3 randomised study, the ADMIRAL trial which compared gilteritinib to a number of alternative chemotherapy options, ranging from low dose intensity cytarabine to high intensity regimens such as FLAG-Ida. The study outcomes were outlined and it was discussed that the trial showed a benefit in complete remission rates, with twice as many patients achieving complete response (CR) in the gilteritinib arm versus the salvage chemotherapy arm (21.1% vs 10.5%). The clinical aspects of this indication were discussed, noting that there is a clear unmet need in the patient population who have very poor prognosis and are currently poorly served in terms of alternate options. The toxicity profile was outlined, noting that there were toxicities associated with this treatment as well as with the chemotherapy arms. It was discussed that as an oral agent it was considered a convenient alternative to replace the current toxic salvage chemotherapy treatment and fulfils an unmet need for a poorly served cohort of patients. It was noted that patient numbers are expected to be small.	

From the pharmacoeconomic aspect, a number of adjustments were considered in the HTA and it was noted that this was a complex analysis, due to the nature of the trial comparator arms. This treatment is associated with a high ICER, and a significant budget impact but a substantial benefit is seen through the increased life years gained and QALY.

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

(Decision:TRC 094)

Nivolumab Opdivo® **(Ref. TRC 095)**

In combination with ipilimumab and two cycles of platinum-based chemotherapy for the first-line treatment of metastatic non-small cell lung cancer (NSCLC) in adults whose tumours have no sensitising EGFR mutation or ALK translocation.

It was discussed that this indication was not recommended for a full HTA. This was influenced by the presence of another agent in this setting that was subjected to a full HTA assessment and is already approved for reimbursement. There is a lack of direct comparative evidence to support a HTA in this setting The supporting evidence is a phase 3 trial, CheckMate-9L, The study demonstrated a benefit in median overall survival (OS) 14.1 vs 10.7 months, while demonstrating a clinical benefit, which was not considered significantly different to the existing medicine reimbursed in this setting.

The clinical aspects of this indication were discussed, noting that this option is less costly than the current immunotherapy and chemotherapy option but more costly than the current immunotherapy option (which is available only to those patients with a PDL1 >50%). It was noted that the commercial negotiations are ongoing.

There is a desire from clinicians to have this alternate treatment option available, noting that current opinion leaders in this space have outlined this is an option, although there is uncertainty about where this fits in the current pathway, noting that this is associated with only two cycles of chemotherapy, compared to four cycles with other options. Currently patients with PDL1 >50% can avail of one monotherapy immunotherapy, and all patients, regardless of PDL1 status can avail of one immunotherapy in combination with chemotherapy, noting that this is more likely to be used in the population with PDL1 <50%. As a result, the clinicians noted that this option is not likely to be used frequently but that it may suit certain patient cohorts. It was noted that the dosing of ipilimumab at 1mg/kg is seen to be less toxic than other nivolumab ipilimumab combinations and would only be for patients with an ECOG 0-1.

It was discussed that there is a budget impact of nivolumab in combination with ipilimumab plus platinum-doublet chemotherapy which is subject to some uncertainties, is likely due to the inclusion of the all-comers rather than only a PDL1 cohort and is likely to be relatively small, and is likely to have a low uptake

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

(Decision:TRC 095)

	Pembrolizumab Keytruda® (Ref. TRC 096) *As monotherapy or in combination with platinum and 5-fluorouracil (5-FU) chemotherapy, for the first-line treatment of metastatic or unresectable recurrent head and neck squamous cell carcinoma (HNSCC) in adults whose tumours express PD-L1 with a CPS ≥ 1* The clinical aspects of this indication were discussed, noting that there is a clear unmet need for this patient cohort, and that this is a difficult disease to treat with very poor quality of life for patients. The supporting evidence is a phase 3 study, KEYNOTE-048 trial, evaluating the efficacy of pembrolizumab as monotherapy or in combination with platinum and 5-fluorouracil (5-FU) chemotherapy. The study showed a small but clinically meaningful response and some improvement in OS as well as a clinically significant improvement in duration of response (a long tail in the curve). It was discussed that this is similar to the trial results seen for a previous agent approved for this disease (cetuximab), although there was no tail in the curve. In addition, it was discussed that a follow on study published in JNCI Feb 2021 showed an improvement in QOL, which may not have been available to inform the HTA analysis. From a pharmacoeconomic aspect, the ICER was found to be sensitive to a number of scenarios and was a probability of cost effectiveness of 64% for pembrolizumab only and 72% for pembrolizumab in combination with platinum and 5FU chemotherapy. The 5 year budget impact was estimated at €31m (€26m net) with ~100 patients expected to be eligible for treatment per year. Having considered the clinical efficacy of the indication, the committee members agreed unanimously to recommend approval of this indication to the HSE Drugs Group, subject to an improvement in cost effectiveness. *(Decision:TRC 096) One member had left the meeting for the vote but quorum remained*	
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. It was discussed that this will be amended for the next meeting to try and flag those treatments expected to be discussed in coming 6-9months.	
5	**Next meeting**	
	The proposed date for the next meeting dates is November 1st 2021	
6	**Any other business / Next meeting**	
	There was no other business.	

The meeting concluded at 5.30pm.

Actions arising from meeting:

Ref.	Date of meeting	Details of action	Responsible	Update
21/05	27.9.2021	NCCP to communicate recommendations to HSE Drugs Group.	NCCP	Complete