AWTTC
All Wales Therapeutics & Toxicology Centre
Canolfan Therapiwteg a Thocsicoleg Cymru Gyfan

Bevacizumab (Avastin®) at a dose of 7.5 mg/kg in combination with carboplatin and paclitaxel for the front-line treatment of adult patients with advanced epithelial ovarian, fallopian tube, or primary peritoneal cancer at high risk for progression

July 2019

ONE WALES INTERIM COMMISSIONING DECISION

Bevacizumab (Avastin®) at a dose of 7.5 mg/kg in combination with carboplatin and paclitaxel for the front-line treatment of adult patients with advanced epithelial ovarian, fallopian tube, or primary peritoneal cancer at high risk for progression

Date of advice: July 2019

The following Interim Pathways Commissioning Group (IPCG) recommendation has been endorsed by health board Chief Executives.

Using the agreed starting and stopping criteria, bevacizumab (Avastin®) 7.5 mg/kg dose in combination with carboplatin and paclitaxel can be made available within NHS Wales for the front-line treatment of adult patients with advanced epithelial ovarian, fallopian tube, or primary peritoneal cancer at high risk for progression. High risk is defined as: International Federation of Gynaecology and Obstetrics [FIGO] stage III debulked but residual disease more than 1.0 cm or stage IV disease, or stage III disease at presentation and requiring neoadjuvant chemotherapy due to low likelihood of optimal primary surgical cytoreduction.

The risks and benefits of the off-label use of bevacizumab (Avastin®) for this indication should be clearly stated and discussed with the patient to allow informed consent.

Providers should consult the General Medical Council Guidelines on prescribing unlicensed medicines before any off-label medicines are prescribed.

This advice will be reviewed after 12 months or earlier if new evidence becomes available.

Clinician responsibility
Clinicians will be obliged to collect and monitor patient outcomes. Evidence of clinical outcomes will be taken into consideration when reviewing the One Wales Interim Commissioning decision.

Health board and trust responsibility
Health boards and trusts will take responsibility for implementing One Wales Interim Commissioning decisions at the lowest acquisition cost and ensuring that a process is in place for monitoring clinical outcomes.

One Wales advice promotes consistency of access across NHS Wales.

Starting and stopping criteria for bevacizumab (Avastin®) at a dose of 7.5 mg/kg in combination with carboplatin and paclitaxel for the front-line treatment of adult patients with advanced epithelial ovarian, fallopian tube, or primary peritoneal cancer at high risk for progression

These criteria are adapted from the NHS England National Cancer Drugs Fund List[1].

Starting and stopping criteria:

Starting criteria:
Patients with newly diagnosed epithelial ovarian, fallopian tube or primary peritoneal cancer with sufficient performance status to undergo treatment with carboplatin, paclitaxel and bevacizumab in one of the following groups:

- patients with FIGO stage III debulked but residual disease more than 1 cm
- patients with stage IV disease
- patients with stage III disease at presentation and requiring neoadjuvant chemotherapy due to low likelihood of optimal primary surgical cytoreduction.

These criteria also apply to patients entered into the ICON 8b trial. Clinicians should be aware that for patients randomised to the non-bevacizumab arm of the ICON 8b, the use of bevacizumab in subsequent lines of treatment is not approved under One Wales Interim Pathways Commissioning.

Patients who satisfy the eligibility criteria will be prescribed bevacizumab following consultation with the patient and/or carer taking into account potential adverse effects, cautions and contraindications. This consultation should be recorded in the patient's notes.

Bevacizumab is prescribed at a dose of 7.5 mg/kg every three weeks up to a maximum of 18 cycles. Bevacizumab should be given with the:

- first or second cycle of chemotherapy following primary debulking surgery or for those patients with stage IV disease or inoperable disease
- first or second cycle of chemotherapy following interval debulking surgery performed after three to four cycles of neoadjuvant chemotherapy
- first cycle of neoadjuvant chemotherapy.

Stopping criteria:

- disease progression
- toxicity
- patient request
- after 18 cycles of bevacizumab.

Reference

1. NHS England. National Cancer Drugs Fund version 1.141. July 2019. Available at: https://www.england.nhs.uk/publication/national-cancer-drugs-fund-list/. Accessed July 2019.

One Wales Interim Commissioning Process
Interim Pathways Commissioning Group (IPCG) summary of decision rationale

Medicine: **bevacizumab (Avastin®)**
Indication: **at a dose of 7.5 mg/kg in combination with carboplatin and paclitaxel for the front-line treatment of adult patients with advanced epithelial ovarian, fallopian tube, or primary peritoneal cancer at high risk for progression**
Meeting date: **24 June 2019**

Criteria	IPCG opinion
Clinical effectiveness	IPCG accepts that the ICON7 phase III study demonstrates that bevacizumab (7.5 mg/kg) improved progression-free survival and overall survival compared with standard chemotherapy in patients with disease at high risk for progression. These data are supported by observational and retrospective studies. Bevacizumab is associated with more adverse events compared with standard chemotherapy alone.
Cost-effectiveness	The Belgian health economic paper presented provides information on quality adjusted life year (QALYs) gains for GOG-0218 Stage IV (15 mg/kg) and ICON 7 (7.5 mg/kg) high-risk sub-population. These QALYs are broadly similar to those captured in the Scottish Medicines Consortium resubmission assessment report and the health economic paper by Hinde et al. (2016), respectively. According to the Hinde et al. cost utility analysis using the mature results of the high-risk subgroup of ICON7, a cost reduction of between 67% and 46% would be required to reach the willingness to pay thresholds of £20,000 to £30,000, respectively. IPCG considers that bevacizumab with the agreed patient access scheme is cost-effective according to the Hinde et al. (2016) model.
Budget impact	IPCG considers that the estimate of patient numbers reported is reasonably accurate. The estimated budget impact is subject to uncertainty.
Other factors	IPCG has taken into consideration the points raised in the letter provided by the Clinical Oncologist Group and the patient organisation submission provided by the Ovacome ovarian cancer charity. IPCG notes that bevacizumab 7.5 mg/kg is available for this indication in NHS England via the Cancer Drugs Fund.
Final recommendation	Bevacizumab (Avastin®) should be made available in NHS Wales in combination with carboplatin and paclitaxel for the first-line treatment of adult patients with advanced epithelial ovarian, fallopian tube, or primary peritoneal cancer at high risk for progression The risks and benefits of the off-label use of bevacizumab (Avastin®) for this indication should be clearly stated and discussed with the patient to allow informed consent.
Summary of rationale	IPCG considers bevacizumab (Avastin®) to be a clinically and cost-effective use of NHS Wales resources.