

One Wales Medicine Assessment Group summary of decision rationale

Medicine: **Panitumumab**

Indication: Treatment of stage IV metastatic left-sided colorectal cancer with RAS wildtype confirmed by circulating tumour DNA following successful first line treatment with an epidermal growth factor inhibitor and at least one other treatment

Meeting date: **12 May 2025**

Criteria	OWMAG opinion
Clinical effectiveness	<p>OWMAG were presented with the Evidence Status Report (ESR) and noted the rationale for use of an epidermal growth factor inhibitor (EGFRi) as re-challenge treatment, guided by circulating tumour DNA analysis for RAS mutations, in stage IV metastatic colorectal cancer.</p> <p>OWMAG acknowledged that the AWMSG Scrutiny Panel had agreed that there was not sufficient evidence for the assessment of cetuximab for the same indication and that only panitumumab monotherapy was for consideration.</p> <p>The group noted the results presented from the CHRONOS study (a phase II multicentre, open label single arm trial), and the supporting evidence provided by two network meta analyses.</p> <p>The group acknowledged the low patient numbers in the CHRONOS trial (n = 27), the fact they were a heavily pre-treated population (a median of three prior therapies) and the lack of any direct comparative evidence. However, the 30% objective response rate (ORR) as highlighted by the clinical expert was noted.</p> <p>The clinical expert also highlighted the ORR (15.1%) for trifluridine-tipiracil (Lonsurf) plus bevacizumab in vascular endothelial growth factor (VEGF) naïve patients (as UK patients would be) which is the reason clinicians favour this particular treatment as the optimal third line therapy. The group also noted the favourable ORR reported for panitumumab rechallenge in CHRONOS compared to regorafenib in the CONCUR and CORRECT trials as highlighted by the clinical expert.</p> <p>The group acknowledged the poor adverse effect profile of regorafenib when compared with panitumumab.</p> <p>The clinical expert explained that panitumumab would mainly be used in patients who had received third line trifluridine-tipiracil (Lonsurf) plus bevacizumab. Current fourth line treatment options are regorafenib or best supportive care. Panitumumab would be expected to replace regorafenib at fourth line due to the higher ORR</p>

	<p>reported in CHRONOS and the more favourable adverse effect profile.</p> <p>The group acknowledged that indirect treatment comparisons between panitumumab as rechallenge and current treatment options was not possible due to the heterogeneity between study designs and patient characteristics, in particular with respect to the number of previous treatments patients had received.</p> <p>OWMAG accept that panitumumab re-challenge is most likely to be used in the fourth line setting and reserved as a third line option for those patients who are unable to tolerate or are unsuitable for trifluridine-tipiracil plus bevacizumab treatment.</p> <p>OWMAG considered that the evidence provided in the CHRONOS study and supporting network meta-analyses demonstrated a clear clinical benefit for panitumumab as an EGFRi re-challenge for patients with stage IV metastatic left-sided colorectal cancer with RAS wild type confirmed by circulating DNA.</p>
Cost-effectiveness	<p>There is no published cost effectiveness evidence available for panitumumab in this indication. Therefore OWMAG considered the cost consequence analysis, scenario analysis and threshold analysis presented in the ESR.</p> <p>The group acknowledged the limitations of the analyses in terms of capturing all costs and effects.</p> <p>The group noted the cost consequence analyses for each potential line of therapy (third, fourth or fifth) and acknowledged that whilst the most likely place in therapy would be as a fourth line option the most plausible analyses would be the fourth and the fifth line scenarios, as regorafenib might not necessarily be used by all clinicians in Wales.</p> <p>The group considered that a 1.7 severity modifier was reasonable to apply for the indication. The group concluded that due to the range of conservative assumptions, particularly surrounding the relative QoL and modelling of QoL, that panitumumab was plausibly cost-effective in the 3rd, 4th, and 5th line of therapy.</p>
Budget impact	<p>OWMAG considers the estimated patient numbers provided by the clinical expert to be reasonable whilst accepting that in year one numbers may be lower than anticipated and will increase to the estimate in about three years. The group also noted the clinical expert estimate that numbers may rise again in five to six years' time due to increased mCRC diagnoses.</p>

	<p>OWMAG considers the additional cost of the circulating tumour DNA testing to be reasonable. The group note that the clinical expert and AWTTC team have been in communication with the All Wales Medical Genomics Service (AWMGS) who confirm that they have capacity to accommodate the additional tests without any adverse effect on the usual 5-day turnaround time.</p> <p>The group considers the use of the median PFS from treatment duration from the CHRONOS and SUNLIGHT trials to provide reasonable estimates for treatment duration on panitumumab and trifluridine-tipiracil plus bevacizumab.</p> <p>The uncertainty as to how many patients would be treated at each line of therapy was acknowledged and it was noted that the number of patients receiving panitumumab at the later lines of therapy are likely to be lower than those presented.</p> <p>Whilst acknowledging the absence of costs for monitoring and treating adverse events OWMAG consider the data presented to be a plausible estimate of the expected budget impact at each line of treatment.</p> <p>The group consider that the most likely place in therapy to be fourth line. OWMAG acknowledge that there will be some patients treated at third and fifth line.</p> <p>OWMAG consider panitumumab to be a reasonable use of NHS resources.</p>
Resource use	<p>OWMAG note the additional resource required for ctDNA testing and consider it to be reasonable.</p> <p>Additional resource for IV infusion compared to oral preparations at fourth line were acknowledged.</p>
Other factors	<p>OWMAG note that patients with stage IV colorectal cancer who have already received two treatments, whilst typically being relatively fit, have a limited life expectancy. Panitumumab may have the potential to extend the overall survival of patients by several months or more. The treatment may also improve the quality of life or maintain quality of life for both the patient and their family/carer.</p> <p>The group also noted the increase in diagnoses in younger people.</p>

	<p>The group recognised the benefit of regular treatment sessions for some patients as highlighted by the clinical expert.</p> <p>OWMAG acknowledge that panitumumab is administered by IV infusion in hospital and the comparator regorafenib is administered orally. Patients who live a distance from hospitals may not want to travel.</p>
Final recommendation	OWMAG recommends the use of panitumumab for treatment of stage IV metastatic left-sided colorectal cancer with RAS wildtype confirmed by circulating tumour DNA following successful first line treatment with an epidermal growth factor inhibitor and at least one other treatment.
Summary of rationale	OWMAG recognise that whilst the evidence base is limited, and of low quality, panitumumab offers a targeted treatment option for this specific group of patients with stage IV colorectal cancer and is likely to extend overall survival compared to other treatment options. The group consider the cost consequence analysis and budget impact data presented to demonstrate a reasonable use of NHS resources.