

PRESS RELEASE

NICE issues guidance on the use of other treatment options for renal cancer

The National Institute for Health and Clinical Excellence (NICE) has today (26 August 2009) issued guidance on the use of bevacizumab, sorafenib, and temsirolimus for the treatment of renal cell carcinoma and the use of sorafenib and sunitinib for second-line treatment options for people with renal cell carcinoma.

Bevacizumab, sorafenib and temsirolimus are not recommended as first-line treatment options for advanced and/or metastatic renal cell carcinoma. In addition, the two drugs also licensed for second-line treatment of advanced or metastatic renal cell carcinoma, sorafenib and sunitinib, are not recommended for this indication. People who are currently being treated with these treatments for advanced and/or metastatic renal cell carcinoma should have the option to continue their therapy until they and their clinicians consider it appropriate to stop.

Professor Peter Littlejohns, Clinical and Public Health Director: "We are very aware that renal cancer is a devastating disease for the individual and their family. We recommended the use of sunitinib for first line renal cancer in March 2009, so one of these new treatments is now available. The evidence to support the use of the other first and second line treatments isn't strong enough to justify using NHS funds, which could be used for other cancer treatment programmes or in other treatment areas. Our advisory committee used the additional flexibility we have recently given them to give special weight to drugs that extend life, at the end of life, but the benefit was still too small set against their cost."

The appeal against the Final Appraisal Determination from Roche, Wyeth Pharmaceuticals, James Whale Fund for Kidney Cancer and a joint appeal from Rarers Cancer Forum and Macmillan Cancer Support, have not been upheld.

Ends

For more information call the NICE press office on 0845 003 7782 and out of hours on 07775 583 813.

Notes to Editors

About the appraisal

1. Information on the NICE appraisal of bevacizumab, sorafenib, sunitinib or temsirolimus as treatment options for advanced and/or metastatic renal cell carcinoma and the consultation documents are available at <http://www.nice.org.uk/Guidance/TA/Wave14/22>
2. First-line treatment of renal cell carcinoma is initial therapy, second-line treatment is given if this initial therapy has failed.
3. Bevacizumab (Avastin, Roche Products). Over a 6-week cycle, the average total cost of drug acquisition is £5982 per patient for the first cycle and £6117 for subsequent 6-week cycles, approximately £53,000 per patient per year. The manufacturer of bevacizumab has agreed a access scheme with the Department of Health, the scheme rebates the costs of bevacizumab after 10,000mg has been given to a patient in a year and rebates all of the IFN costs.
4. Sorafenib (Nexavar, Bayer). The price for a pack 200-mg tablets (112 tablets per pack) is £2980.47 (excluding VAT) - this is an increase in the price submitted to NICE for the purpose of this appraisal. The manufacturer of sorafenib has agreed a patient access scheme with the Department of Health, in which the first pack of sorafenib is free to the NHS.
5. Sunitinib (Sutent, Pfizer). The price for a pack of 50-mg capsules (30 capsules per pack) is £3363.00 (excluding VAT; BNF edition 55). The average daily cost of sunitinib is £74.74, with an average 6-week cycle costing £3139. The manufacturer of sunitinib has agreed a patient access scheme with the Department of Health, in which the first treatment cycle of sunitinib is free to the NHS. The Department of Health considered that this patient access scheme does not constitute an excessive administrative burden on the NHS.
6. Temsirolimus (Torisel, Wyeth Pharmaceuticals). The price listed in the BNF is £620 per vial.
7. (QALY) Quality Adjusted Life Year. Cost per QALY = the additional cost of one year of healthy life for one person (when comparing a new drug to current standard practice). It is one way of taking into account both the costs and benefits of a health technology. Expressing benefits in cost per QALYs allows decision makers to consider technologies for different diseases in a consistent framework.

About NICE

8. The National Institute for Health and Clinical Excellence (NICE) is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.
9. NICE produces guidance in three areas of health:
 - **public health** – guidance on the promotion of good health and the prevention of ill health for those working in the NHS, local authorities and the wider public and voluntary sector
 - **health technologies** – guidance on the use of new and existing medicines, treatments and procedures within the NHS
 - **clinical practice** – guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS.