Niraparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer [ID1041]

Comment number	Comments
1	Target Ovarian Cancer believes women with ovarian cancer should be able to access niraparib at the earliest opportunity. While we are disappointed that it is not being recommended for routine commissioning, we recognise the challenges currently posed in determining overall survival data and finalising the cost per Quality Adjusted Life Year. We therefore welcome the proposal that niraparib be submitted to the Cancer Drugs Fund which would enable women with ovarian cancer to be able to access niraparib while the data matures.
2	Target Ovarian Cancer welcomes the fact that niraparib is recommended for submission to the Cancer Drugs Fund for both women with a germline BRCA mutation who have had two courses of platinum-based chemotherapy or women without a germline BRCA mutation who have had two or more courses of platinum-based chemotherapy. As raised at the Committee hearing on 16 January there are few treatment options for this group. The two most recently approved treatments, bevacizumab (Cancer Drugs Fund) and olaparib (NICE) are only available for women with advanced disease or under NICE's end of life criteria. The introduction of niraparib therefore poses a major step forward in treatment options for women with recurrent disease.
3	Target Ovarian Cancer notes the conclusion in 3.8 that current data shows no statistically significant difference in survival between olaparib and niraparib in patients with a germline BRCA mutation who have had three or more courses of chemotherapy and the recommendation in 3.23 that niraparib not be recommended as a treatment option for women in this group on the basis that they will continue to be able to access olaparib. Alongside survival data we would ask that the appraisal takes account of quality of life factors and would like to highlight the impact of treatment delivery on patients. Olaparib requires patients to take 16 tablets a day, compared to three for niraparib.
4	Target Ovarian Cancer welcomes recognition in 3.9 that niraparib is well tolerated by patients and that adverse events are manageable.
5	Target Ovarian Cancer notes comments in 3.19 that: • *mature data on overall survival and progression-free survival would be a valuable addition to the clinical evidence base and likely to resolve the major uncertainties identified* • *with further evidence it may be possible to gain a more complete understanding of who would benefit most from treatment using*

	somatic and other testing • *use in the NHS would allow collection of data on the duration of treatment in clinical practice* Together with comments on incremental cost-effectiveness ratios (ICERs) in 3.20: *It considered that at this level the ICERs had the plausible potential to be cost effective in routine use, pending the results on overall survival from NOVA.* These show that niraparib would benefit from further data collection and has the potential to be cost effective, thus meeting the criteria for inclusion in the Cancer Drugs Fund. We therefore welcome the invitation for the company to submit a proposal for niraparib's inclusion in the Cancer Drugs Fund.