

Consultation on proposals for a new Cancer Drugs Fund (CDF) Operating Model from 1 April 2016: a response from Target Ovarian Cancer

February 2016

Target Ovarian Cancer is the national ovarian cancer charity working to save lives and help women diagnosed live their lives to the full, wherever they are in the UK. We do this by improving early diagnosis, finding new treatments and providing support for women.

Background to the Cancer Drugs Fund

In their 2010 manifesto the Conservative Party committed to the creation of a Cancer Drugs Fund (CDF) to, in the words of the manifesto, “enable patients to access the cancer drugs their doctors think will help them”. The Fund was duly created in 2011 with an annual budget of £200 million and was initially intended to run until 2014, later extended to March 2016. Its current annual spend is approximately double its original budget and many cancer drugs have as a result been de-listed. In relation to ovarian cancer, the CDF currently funds bevacizumab (Avastin) for first line therapy which offers up to eight months overall survival in women with advanced ovarian cancer, but there have also been numerous drugs rejected.

Reform of the Cancer Drugs Fund

It is currently proposed that from April this year the CDF should become a “managed access” fund for new cancer drugs, “with clear entry and exit criteria” under the auspices of the National Institute for Health and Care Excellence (NICE). Under the new system NICE will assess all new cancer drugs and these will either be approved or rejected, or given provisional approval and moved onto the revised CDF. However, in contrast to the current system, the amount of time drugs could spend on the Fund will be limited and after a set period of time they will be expected to either receive full NICE approval or be removed from the Fund.

How we produced our response

Target Ovarian Cancer produced a short survey to gather our supporters’ views on what factors should be taken into account when deciding on new drugs, how patients should be involved in the process and what access to the latest treatment means to them. Overall, 30 women with ovarian cancer living in England responded to our survey, 10 family and friends and two health professionals.

Of the women with ovarian cancer who responded, 17 have received bevacizumab (Avastin), which can offer women with advanced ovarian cancer up to eight months overall survival. Bevacizumab is currently available via the CDF for first line treatment of ovarian cancer and it was previously available for second line treatment also (eight of the women responding received bevacizumab as second line treatment). Bevacizumab has been refused approval by NICE for first line therapy for advanced ovarian cancer.

Data and quotes from this survey are included throughout our response.

Key points

If the revised CDF, under the auspices of NICE, is to improve access to new cancer drugs, it must have:

- A stronger role for patients in the appraisal process for new cancer drugs.
- The ability to approve drugs for off-license use. Otherwise many drugs, including bevacizumab (Avastin) for ovarian cancer, risk not being available to future cancer patients.
- Flexibility of reimbursement so it can negotiate over the price of drugs.
- Further revised End of Life criteria to better reflect unmet need in rare and less common cancers.

Target Ovarian Cancer's response to the consultation

1. Do you agree with the proposal that the CDF should become a 'managed access' fund for new cancer drugs, with clear entry and exit criteria?

- Agree
 Disagree
 Unsure

Please provide comments to support your response:

Target Ovarian Cancer believes the purpose of the CDF should be to offer patients with no prospect of treatment under the current system the possibility of accessing new and life-extending drugs. We do not believe that the proposed new structure will achieve this.

To move onto the revised Fund, or to receive NICE approval, drugs will need to have an expectation of achieving a maximum Quality Adjusted Life Year (QALY)* of £30,000 (with some flexibility for end of life treatments). Bevacizumab (Avastin), which can offer women with advanced ovarian cancer up to eight months overall survival, has a cost of £128,000 - £161,000 per QALY gained.¹

Bevacizumab is licensed by Roche at the dose of 15mg/kg based on a pivotal Phase III US trial. An MRC Phase III trial in the UK – ICON 7 – showed similar benefit at half the dose – 7.5mg/kg. NICE can only appraise on the licensed dose so turned down bevacizumab for use in first line treatment. The CDF, with its ability to fund drugs for off-license use, approved it for use at 7.5mg/kg.²

* Quality Adjusted Life Years (QALYs) are used to compare the benefits of different healthcare interventions or drugs. They measure both the amount of extra time a particular healthcare intervention or drug offers a patient combined with the quality of life offered. For example, a year in perfect health would equal 1 QALY, whereas one year in poor health would equal less than 1 QALY, for example 0.5 QALY or 0.75 QALY.

¹ NICE (2013) Bevacizumab in combination with paclitaxel and carboplatin for first-line treatment of advanced ovarian cancer (TA284). Technology appraisal guidance. Available at: www.nice.org.uk/guidance/ta284/resources/bevacizumab-in-combination-with-paclitaxel-and-carboplatin-for-firstline-treatment-of-advanced-ovarian-cancer-82600672924357

² Cancer Drugs Fund (2016) National cancer drugs fund list. Available at: www.england.nhs.uk/wp-content/uploads/2016/02/ncdf-list-01-02-16.pdf

Unless NICE is given the same flexibility to approve drugs for off-license use, bevacizumab will no longer be available to future women with ovarian cancer once the CDF ends.

“Life is very precious and I do not want to die yet. If science can help beat cancer it makes sense to offer treatment and drugs to patients.” Woman with ovarian cancer

2. Do you agree with the proposal that all new cancer drugs and significant new licensed cancer indications will be referred to NICE for appraisal?

- Agree
- Disagree
- Unsure

Please provide comments to support your response:

Target Ovarian Cancer has two key concerns about all new cancer drugs being referred to NICE for appraisal:

1) Capacity: While Target Ovarian Cancer believes there is a strong case for NICE reform, we have concerns that the new proposals could potentially overwhelm NICE. There is a risk with all new drugs being referred to NICE that delays occur and patients are left waiting for new treatments.

2) Patient involvement: Target Ovarian Cancer would like to see more detail on the role of patients in the assessment process for individual drugs and in the overall scrutiny of NICE. The Scottish Medicines Consortium recently introduced reforms to give patients a far greater say in decisions on approval of end of life drugs, including the introduction of the Patient and Clinician Engagement Process which consults with patients and health professionals on the potential benefits of a new treatment, including how it impacts on patients' lives.

Of those women with ovarian cancer responding to our survey, 80 per cent feel patients should be involved in decisions on individual drugs and 66 per cent feel it is important patients are involved in oversight of the drug approval process as a whole.

Target Ovarian Cancer believes that NICE needs to demonstrate how patients in England will be able to contribute to the decisions that affect their access to life saving and life extending drugs under the new system.

3. Do you agree with the proposal that the NICE Technology Appraisal Process, appropriately modified, will be used to evaluate all new licensed cancer drugs and significant licence extensions for existing drugs?

- Agree
 Disagree
 Unsure

Please provide comments to support your response:

The proposed reforms broaden NICE's remit to include rare cancers, meaning it will be responsible for approving all cancer drugs. However, at the moment this risks reducing access to new cancer treatments as:

1) NICE has no system in place to routinely take into account patient experience in assessing drugs. Of the women with ovarian cancer responding to our survey, 97 per cent felt that patients' experience of taking the drug (patient reported outcomes) was either very important or important in deciding whether a new cancer drug should be made available. Similarly NICE has no system in place to take into account patient reported, as opposed to clinician reported, toxicity. Of those women with ovarian cancer responding to our survey 93 per cent said that how toxic the drug is and how unwell it makes patients feel was either very important or important in approving new cancer drugs.

2) There is no ability for NICE to approve drugs for off-license use. While the CDF currently has the flexibility to approve drugs for off-license use, NICE has no corresponding power. To use the NICE Technology Appraisal Process as it currently stands risks seeing fewer drugs available for cancer patients.

3) Cancer drugs will be required to meet the £30,000 (with some flexibility for end of life treatments) NICE QALY threshold. Bevacizumab (Avastin), which can offer women with ovarian cancer up to eight months overall survival and is currently available through the CDF, has a QALY four times this level.

4) There are no powers for NICE to negotiate on flexible reimbursement, or price, of treatments. Bevacizumab (Avastin), which can offer women with advanced ovarian cancer up to eight months overall survival, has a cost of £128,000 - £161,000 per QALY at a dose of 15mg/kg. Even at the off-license, equally effective dose, of 7.5mg/kg, it would still come in far in excess of NICE's current QALY cap.

"I appreciate that funds are limited, but I feel the NHS, given its huge clout, should learn to negotiate better with Big Pharma to bring down drug prices and increase availability."

Woman with ovarian cancer

5) There is no provision in the current proposals for equal weighting of the benefit of progression free versus overall survival. Of those women with ovarian cancer responding to our survey, respondents placed equal weight (94 per cent said it was very important or

important) on the amount of time a drug offers progression free survival as the amount of overall survival it offers when assessing new cancer drugs.

6) There are inadequate changes proposed to the End of Life criteria. The current three-month extension of life, End of Life threshold should be lowered to offer relative benefit to those cancers with particularly poor survival prospects. For example, an additional three months survival for a patient with two years estimated survival is comparable to one and a half months for a patient facing just one year's survival. There also needs to be flexibility in the End of Life criteria where there is substantial improvement in quality of life or a reduction in patient-reported toxicities. This is to ensure it takes equal account of quality of life as well as overall survival. Every woman with ovarian cancer (100 per cent) responding to our survey said that whether a drug offers patients a better quality of life was either important or very important when assessing new cancer drugs.

7) There is a risk of a lack of capacity to process the volume of new applications that can be expected. In 2014-2015 the CDF reviewed 67 cancer drugs and treatments. Target Ovarian Cancer is concerned that without increased investment in NICE, decisions will be delayed and more importantly, patient access to new drugs will be delayed.

“Women with ovarian cancer usually have very little time to live. My mum would have liked six months to put her affairs in order and say goodbye to people. If a drug can do this, she should have been able to access it.” Family member of a woman with ovarian cancer

4. Do you agree with the proposal that a new category of NICE recommendations for cancer drugs is introduced, meaning that the outcome of the NICE Technology Appraisal Committee's evaluation would be a set of recommendations falling into one of the following three categories:

- i. Recommended for routine use;**
- ii. Recommended for use within the Cancer Drugs Fund;**
- iii. Not recommended.**

- Agree
- Disagree
- Unsure

Please provide comments to support your response:

While Target Ovarian Cancer supports increased investment in cancer drugs, we are concerned that the use of a managed entry and exit scheme will see many patients denied the treatment they need. Under the proposals set out in the consultation document, the “entry” process means many drugs will fail to be approved for use within the CDF in the first place due to the QALY cap of £30,000 and many more risk not making it past the NICE appraisal process.

The “exit” process in turn means patients and clinicians will be left uncertain as to the long-term availability of treatments, replicating the worst aspects of the current system. Target

Ovarian Cancer already knows women who have missed out on bevacizumab (Avastin) as their clinician took the decision not to use it as part of their first line treatment and hold it back for second line treatment, only for it to be subsequently withdrawn from the CDF. The proposed managed entry and exit scheme risks seeing many more patients have the prospect of life extending drugs taken away and makes treatment decisions even harder for clinicians.

“My mum was diagnosed last year with ovarian cancer. Fortunately she received all the chemo and treatment necessary and has been given the all clear, had these drugs not been available to her, my mum wouldn't be with us now.” Family member of a woman with ovarian cancer

5. Do you agree with the proposal that “patient population of 7000 or less within the accumulated population of patients described in the marketing authorisation” be removed from the criteria for the higher cost effectiveness threshold to apply?

- Agree
- Disagree
- Unsure

Please provide comments to support your response:

Target Ovarian Cancer believes that more substantial changes are required to the End of Life criteria if they are to genuinely offer the added flexibility required to ensure patients are able to access those treatments offering precious extra time right at the very end of life. Removing the patient population requirement is a positive first step, but the following changes are also needed:

1) The current three-month extension of life, End of Life threshold should be lowered to reflect unmet need in cancers with particularly poor survival prospects. A shorter period would be appropriate where average life expectancy is less than one year to ensure patients with different cancers receive the same relative benefit. For example, an additional three months survival for a patient with two years estimated survival is comparable to one and a half months for a patient facing just one year's survival.

2) The current three month extension of life, End of Life threshold needs to be lowered where there is substantial improvement in quality of life or a reduction in patient-reported toxicities. This is to ensure it takes equal account of quality of life as well as overall survival.

“The latest drugs offer hope and the chance that women with progressive disease can enjoy a better quality of life and longer survival. If new drugs are not made available, the current survival rates will continue to be dire in comparison with other cancers and this has to change. Women with ovarian cancer should be given the same right to life as those with other, more widely supported, cancers.” Woman with ovarian cancer

6. Do you agree with the proposal for draft NICE cancer drug guidance to be published before a drug receives its marketing authorisation?

- Agree
- Disagree
- Unsure

Please provide comments to support your response:

In Target Ovarian Cancer's experience new information on cancer drugs often becomes available through the marketing authorisation process. While we therefore welcome the desire to speed up NICE approval of new drugs we would be concerned that this may prove an ineffective use of resources if the changing evidence base means guidance needs redrafting once the marking authorisation process is complete.

7. Do you agree with the process changes that NICE will need to put in place in order for guidance to be issued within 90 days of marketing authorisation, for cancer drugs going through the normal European Medicines Agency licensing process?

- Agree
- Disagree
- Unsure

Please provide comments to support your response:

Target Ovarian Cancer believes patients must play a strong role in decisions on new cancer drugs. While we therefore support efforts to speed up the approval process we would be concerned if this is at the expense of adequate patient consultation.

8. Do you agree with the proposal that all drugs that receive a draft NICE recommendation for routine use, or for conditional use within the CDF, receive interim funding from the point of marketing authorisation until the final appraisal decision, normally within 90 days of marketing authorisation?

- Agree
- Disagree
- Unsure

Please provide comments to support your response:

Target Ovarian Cancer supports efforts to increase access to new drugs, however we would be concerned that the use of interim funding measures brings additional uncertainty for patients.

9. What are your views on the alternative scenario set out at paragraph 38, to provide interim funding for drugs from the point of marketing authorisation if a NICE draft recommendation has not yet been produced, given that this would imply lower funding for other drugs in the CDF that have actually been assessed by NICE as worthwhile for CDF funding?

N/A

10. Do you have any comments on when and how it might be appropriate for the CDF in due course to take account of off-label drugs, and how this might be addressed?

The current CDF has been able to support the use of off-label drug treatments but NICE does not yet have a mandate to assess drugs beyond their marketing authorisation (off-license), or off-label. The ability of NICE to assess off-license or off-label treatments is particularly important for people with rare and less common cancers as the cost of developing new drugs or licensing existing drugs can outweigh the likely returns for a manufacturer.

In the particular context of the CDF-NICE transition, it is absolutely critical that drugs currently approved by the CDF on an off-license basis can be similarly approved in the new system.

This importance of this is starkly illustrated by the example of bevacizumab (Avastin) for the first line treatment of advanced ovarian cancer. This was licensed by Roche at the dose of 15mg/kg based on a pivotal Phase III US trial. A contemporaneous MRC Phase III trial in the UK – ICON 7 – had shown similar benefit at half the dose – 7.5mg/kg. NICE can only appraise on the licensed (more expensive) dose and turned it down; the CDF however has been able to fund off-license and has approved bevacizumab on the basis of the lower less expensive dose.

As things stand, bevacizumab will no longer be available to women with ovarian cancer once the CDF ends. As this is the first new life-extending treatment in over 20 years for women with ovarian cancer, and one of very few treatment options, its loss on a technicality will be a huge blow to women with ovarian cancer. And this is not an isolated case; many other clinically effective cancer drugs will likewise no longer be available because of the lack of flexibility available to NICE to assess drugs beyond the specific marketing authorisation.

11. Do you agree with the proposal to fix the CDF annual budget allocation and apply investment control mechanisms within the fixed budget as set out in this consultation document?

- Agree
 Disagree
 Unsure

Please provide comments to support your response:

Target Ovarian Cancer is concerned that the reforms to the Cancer Drugs Fund are being determined by budget constraints rather than patient need. While we appreciate that the CDF needs to be sustainable, and would be open to discussing how the current system could be improved, setting an arbitrary cap on the total budget risks denying patients vital, life extending treatments on the basis of accounting rather than need.

The consultation does not specify what would happen once the investment measures set out in section 45 (which require pharmaceutical companies to meet any shortfall in CDF spending) have been implemented and in particular whether this would lead to a halt in drugs being approved or a risk that pharmaceutical companies would remove certain drugs from the CDF.

We would stress that this is not an approach taken in other areas of public policy and would ask that NICE and NHS England rethink imposing such a cap on cancer drugs.

“It was only when I was diagnosed with this disease at an advanced stage that I realised my life is literally in other people's hands. The decision makers who are not affected emotionally by a family member having this horrible disease are making decisions based purely on cost.”

Woman with ovarian cancer

12. Do you consider that the investment control arrangements suggested are appropriate for achieving transparency, equity of access, fair treatment for manufacturers and operational effectiveness, while also containing the budget? Are there any alternative mechanisms which you consider would be more effective in achieving those aims?

N/A

13. Are there any other issues that you regard as important considerations in designing the future arrangements for the CDF?

N/A

14. Do you agree that, on balance, the new CDF arrangements are preferable to existing arrangements, given the current pressures the CDF is facing?

- Agree
 Disagree
 Unsure

Target Ovarian Cancer believes the purpose of the CDF should be to offer patients with no prospect of treatment under the current system the possibility of accessing new and life-extending drugs. The information provided to date on the new structures offers no reassurance that the revised CDF will achieve this.

To ensure these reforms increase rather than restrict access to new ovarian cancer drugs, NICE must have:

- A stronger role for patients in the appraisal process for new cancer drugs.
- The ability to approve drugs for off-license use. Otherwise many drugs, including bevacizumab (Avastin) for ovarian cancer, risk not being available to future cancer patients.
- Flexibility of reimbursement so it can negotiate over the price of drugs.
- Further revised End of Life criteria to better reflect unmet need in rare and less common cancers.