National Cancer Control Programme

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

NCCP Technology Review Committee (TRC)

Meeting Notes

Date of Meeting:	**July 6th 2020 at 4.30pm**
Venue :	**Teleconference / NCCP Offices**
Assessment:	Blinatumomab (Blincyto®)
	Durvalumab (Imfinzi®)
	Ribociclib (Kisqali®)

TEXT FOR REDACTION DUE TO DELIBERATIVE PROCESS HIGHLIGHTED IN YELLOW

TEXT FOR REDACTION DUE TO COMMERCIAL SENSITIVITY IS HIGHLIGHTED IN PINK

TEXT FOR REDACTION DUE TO CONFIDENTIALITY IS HIGHLIGHTED IN BLUE

Attendance:

Members present		
Dr. Oscar Breathnach	Medical Oncologist, Beaumont: ISMO nominee	By 'phone
Dr. Linda Coate	Medical Oncologist, University Hospital Limerick: ISMO nominee	By 'phone
Dr. Gerard Crotty	Consultant Haematologist, MRH Tullamore: IHS representative	By 'phone
Dr. Ronan Desmond	Consultant Haematologist, Tallaght University Hospital: IHS representative	By 'phone
Dr. Michael Fay	Consultant Haematologist, Mater Hospital: IHS representative	By 'phone
Dr. Patricia Harrington	Head of Assessment, HTA Directorate: HIQA nominee	By 'phone
Ms. Patricia Heckmann	NCCP Chief Pharmacist **- Chair**	By 'phone
NCPE representative	National Centre for Pharmacoeconomics (NCPE)	By 'phone
Ms. Ellen McGrath	Chief Pharmacist; HSE Corporate Pharmaceutical Unit	By 'phone
Dr. Dearbhaile O'Donnell	Medical Oncologist, St. James's Hospital: ISMO nominee	By 'phone
Dr. Eve O'Toole	Research Group Lead, NCCP	By 'phone

Non-member invited specialists present

Apologies (members)	
Dr. Deirdre Murray	NCCP Health Intelligence
Dr. Deirdre O'Mahony	Medical Oncologist, Bon Secour Hospital, Cork: ISMO nominee
Ms Fiona Bonas	Interim National Director, NCCP

Observers present	
Ms. AnneMarie De Frein	Deputy Chief Pharmacist, NCCP

Item	Discussion	Actions
1	**Introduction & reminder re. conflict of interest & confidentiality**	
	Members were reminded of the confidentiality of documentation and discussions. The Chairman, members and observers must complete a conflict of interest declaration annually. Invited experts may be required to complete a conflict of interest declaration. Members will be sent a conflict of interest form for 2020. In addition to the conflict of interest forms signed by all members previously, members were asked to raise any conflicts of interest that they had in relation to any drug for discussion prior to the commencement of the discussion of that item. LC indicated that she had received travel grants from a pharmaceutical company linked to one of the products being discussed. This was accepted by the Chair. The CPU has nominated Ms Ellen McGrath as a representative to the committee. Ms McGrath was welcomed to the group.	COI forms to be sent to members for completion
2	**Notes of previous meeting and matters arising**	
	The notes of the meeting on Feb 24th 2020 were approved.	
3	**Drugs/Technologies for consideration**	
	Blinatumomab (Bincyto®) (Ref. TRC 070) *Indicated as monotherapy for the treatment of adults with Philadelphia chromosome negative CD19 positive B-precursor ALL in first or second complete remission with minimal residual disease (MRD) greater than or equal to 0.1%* The committee members considered that the evidence is from a small, single arm study and that the use of MRD has been shown as a good surrogate endpoint in considering the risk of relapse of patients. This committee members discussed that this treatment is seen to be a good option for a small group of patients, is an option associated with less toxicity than more traditional chemotherapy and may be used effectively as a bridge to transplant. The committee members considered that this was already discussed at HSE Drugs Group and that the Drugs Group members had accepted the proposal at the offered price. The committee members agreed by majority to recommend approval of this indication to the HSE Drugs Group acknowledging that this application has already been discussed by the Drugs Group in terms of its clinical and pharmacoeconomic impacts. (Decision: TRC070) **Durvalumab (Infinzi®) (Ref. TRC 071)** *As monotherapy is indicated for the treatment of locally advanced, unresectable NSCLC in adults whose tumours express PD-L1 ≥1% on tumour cells and whose disease has not progressed following platinum-based chemo-radiation therapy (CRT)* The committee members considered that this use is based on a large phase three trial that showed clear results for this patient cohort. The members considered that this is the only treatment options available for this space as it was compared to a watch and wait option. The HTA evaluation carried out by the NCPE recommends that this indication be considered for reimbursement if cost-effectiveness can be improved	NCCP to communicate recommendations to HSE Drugs Group.

	relative to existing treatments Having considered the clinical efficacy of the indication and the unmet clinical need in this patient cohort, it was agreed unanimously to recommend approval of this indication to the HSE Drugs Group subject to an improvement in cost effectiveness. (Decision: TRC071) **Ribociclib (Kisqali®) (Ref. TRC 072)** *Treatment of women with hormone receptor (HR) positive, human epidermal growth factor receptor 2 (HER2) negative locally advanced or metastatic breast cancer in combination with an aromatase inhibitor or fulvestrant as initial endocrine based therapy or in women who have received prior endocrine therapy. In pre or perimenopausal women, the endocrine therapy should be combined with a luteinising hormone releasing hormone (LHRH) agonist* The committee members considered that this therapy was not recommended to undergo a HTA by the NCPE but noted that it would be an additional option for this patient cohort as an alternate CDK 4/6 inhibitor. The committee members agreed unanimously to recommend approval of this indication to the HSE Drugs Group subject to the cost being equal or less to the existing alternate CDK 4/6 inhibitor. (Decision: TRC072)	
4	**Update on other drugs in the reimbursement process**	
	An update on the drugs that are in the reimbursement process was circulated to members in advance of the meeting.	
5	**Next meeting**	
	The proposed dates for the next meeting dates are 11th August / 1st September.	
6	**Any other business / Next meeting**	
	There was no other business.	

The meeting concluded at 6.30pm.

Actions arising from meeting:

Ref.	Date of meeting	Details of action	Responsible	Update
20/02	06/07/2020	COI forms to be sent to members for completion	NCCP	Complete
20/03	06/07/2020	NCCP to communicate recommendations to HSE Drugs Group.	NCCP	Complete