Clinical Commissioning Policy Statement: Pazopanib for inoperable and metastatic malignant granular cell tumour (all ages) [170117P]

Commissioning Position

Summary

Pazopanib is not recommended as a treatment option for inoperable and metastatic malignant granular cell tumours (all ages).

Information about pazopanib

The intervention

Pazopanib is a potent, targeted therapy drug that blocks tumour growth and prevents the formation of blood vessels required for cell growth, known as angiogenesis. It is taken orally and is not licensed in the treatment of granular cell tumours. Given the potency of pazopanib**,** it is thought that people with granular cell tumours may respond to thistreatment.

Committee discussion

See the committee papers (link) for full details of the evidence.

The condition

Granular cell tumours are rare soft-tissue tumours that are thought to arise from Schwann cells in the body. They can arise anywhere in the body but the majority occur in in the skin in the head and neck region, particularly in the mouth (Sposto et al, 2006). The disease is more common in women than men and is more common in people aged between 40 and 60 years (Sposto et al, 2006).

The majority of granular cell tumours are benign (non-cancerous), and it is estimated that only 0.5 - 2% of granular cell tumours turn out to be malignant (Singh et al, 2015). Out of the 3,300 cases of soft tissue sarcoma diagnosed per year in the UK (Cancer Research UK, 2018), granular cell tumours account for approximately 0.5% of all patients diagnosed. This equates to less one case diagnosed in England per year.

Current treatments

When diagnosed at an early stage, surgery is the preferred treatment option for granular cell tumours. However, most cases are diagnosed late and metastases is common. In such cases, surgery is not possible and chemotherapy is the only treatment option. As the condition is so rare there isn't an agreed standard of care and response to treatment(s) can be poor. Given the potency of pazopanib in other indications, it is thought that this medicine may be a possible treatment option for people with inoperable and metastatic granular cell tumours.

Comparators

There have been no studies with comparators.

Clinical trial evidence

NHS England has considered the evidence submitted as part of a preliminary policy proposals to establish the clinical commissioning policy statement. This includes up to three of the most clinically impactful publications, identified using a literature search strategy defined by the clinical lead. These publications are summarised below.

Conley et al (2014) reported the case of a 65-year-old woman with recurrent malignant granular cell tumour metastatic to lung, lymph node, and soft tissue. Eighteen months previously the

patient had had a resection of the tumour from the right periscapular area followed by further surgery one year later for recurrence. Dasatinib was chosen as the initial systemic agent. Although the patient experienced minimal toxicity, she developed objective progression on scans after two cycles. Next, pazopanib was initiated at 800 mg a day on a 28-day cycle. After two cycles, the patient exhibited objective signs of response. As seen in prior studies with pazopanib the patient experienced an increase in systolic and diastolic blood pressures and diarrhoea. No other toxicities required medical treatment. The patient was still receiving pazopanib after 3 cycles. The patient's tumour response to pazopanib was evaluated at 2-month intervals and at four months the tumour continued to decrease in size and contrast enhancement.

Stone McGuire et al (2014) reported the case of a large rapidly recurrent malignant granular cell tumour with regional and distal metastases on the back of a 54-year-old Cuban man. The primary tumour recurred within six months of the original wide local excision and with satellite lesions apparent at twelve months. By fifteen months, right axillary lymphadenopathy, multiple satellite lesions, pulmonary nodules, and distant metastasis in the right thigh were present. At sixteen months, wide local excision of recurrent mass and local satellite masses along with right axillary dissection and placement of Integra with subsequent split-thickness skin graft were performed by surgical oncology and plastic surgery teams. The surgical specimen measured 32.0 × 13.5 × 5.5 cm, containing multiple homogeneous masses with the largest mass 22.0 × 9.0 × 4.6 cm. Following surgery, the patient was started on pazopanib 800 mg/day. The patient was seen six months after surgery with no evidence of local recurrence. The patient remained under surveillance and continued chemotherapy.

Morita et al (2015) reported the case of a 40-year-old female with a malignant granular cell tumour that originally arose in the right orbit and subsequently relapsed. The patient was started on pazopanib monotherapy following treatment with two investigational drugs, a smoothened inhibitor and then a phosphatidylinositol 3-kinase inhibitor, as part of a clinical trial. Although additional radiotherapy for local control was necessary, the lung metastases remained stable during the pazopanib monotherapy, which lasted for 7 months, following which a clinically stable disease state was determined.

There is very limited evidence about the effects of using pazopanib for inoperable and metastatic malignant granular cell tumour. It is not possible to have any level of confidence about either the effectiveness or the toxicity of pazopanib in this group of patients.

Adverse events

There are no overriding patient safety or other clinical issues that require an immediate clinical commissioning position to be implemented. This is because pazopanib to treat inoperable and metastatic malignant granular cell tumours is considered to be an experimental treatment.

Implementation

Criteria

Not applicable.

Effective from

April 2019.

Recommendations for data collection

Not applicable.

Mechanism forfunding

Not applicable.

Policy reviewdate

This is a policy statement, which means that the full process of policy production has been abridged: a full independent evidence review has not been conducted; and public consultation has not been undertaken. If a review is needed due to a new evidence base then a new Preliminary Policy Proposal needs to be submitted by contacting england.CET@nhs.net.

Links to Other Policies

Not applicable.

Equality Statement

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who donot share it; and

- given regard to the need to reduce inequalities between patients in access to and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

References

Cancer Research UK. (2018) *Soft tissue sarcoma – what is soft tissue sarcoma?* CRUK, London. Available at:- https://www.cancerresearchuk.org/about-cancer/soft-tissue-sarcoma/about [Accessed 22nd August 2018]

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