NHS ENGLAND SPECIALISED SERVICES

CLINICAL PANEL REPORT

Date: February 2023

Intervention: Trametinib

Indication: recurrent or progressive low grade serous ovarian cancer (adults)

URN: 2253

Gateway: 2, Round 1

Programme: Cancer

CRG: Chemotherapy

Information provided to the Panel

Policy Proposition

Title Change Report

Clinical Priorities Advisory Group Summary Report

Equalities and Health Inequalities (EHIA) Assessment

Patient Impact Assessment (PIA) Report

Evidence Review by NICE

Evidence to Decision Making Summary

Blueteq™ Form

Policy Working Group Appendix

This Policy Proposition recommends the routine commissioning of trametinib for patients with recurrent or progressive low grade serous ovarian cancer (LGSOC) in adults. This would be an off-label use of the medicine. LGSOC is a rare subtype of ovarian cancer which is slow growing, and it is more resistant to chemotherapy. It is proposed trametinib is a treatment option in this group of patients who have received at least one line of platinum-based chemotherapy with or without surgery or hormonal agents, therefore their cancer has progressed or recurred.

Clinical Panel was presented with the evidence review supporting the proposition which included one international, randomised controlled, open label study. The study included 260 patients and compared clinical effectiveness and safety of trametinib to standard of care (SOC) treatments.

The critical outcomes reported were of moderate certainty. Overall survival (OS) – an improvement of median OS was found in the trametinib arm, 37.7 months compared to 29.2 months. Progression free survival (PFS) – a statistically significant increase compared with SOC – 13 months vs 7.2 months. Little difference was reported in Quality of Life (QoL). Panel members discussed that OS is confounded as there was a very high cross over rate of patients into the trametinib arm and so the true benefits of survival may have been under reported.

All evidence relating to important outcomes were of moderate certainty. Tumour response – overall the response rate was better than with SOC with 26% vs 6%. Adverse events were reported, and Panel noted cardiac events were reported in the trametinib arm of the study although very low number of patients affected, and some patients were restarted on treatment after a pause.

No evidence was identified for cost effectiveness.

It was asked what the Eastern Cooperative Oncology Group was as this is referred to in the inclusion criteria. It was clarified that this is a performance status scale that is used.

Panel members were informed that this treatment is currently accessible as an approved interim treatment during COVID. This is due to cease in April 2023. A Steering Group will discuss the handling strategy.

EHIA – a member commented that sections of this assessment had been completed very well and provided more detail than sometimes seen. A comment to further strengthen this was made.

PIA – no amendments requested.

Recommendation

Clinical Panel recommends this progresses as a routine commissioning policy proposition.

Why the panel made these recommendations

Clinical Panel members considered that the evidence base supported how the proposition was written.

Documentation amendments required

Policy Proposition:

- Double check the referencing of the intervention/indication across document titles to ensure consistency.

EHIA:

- Section relating to refugees and asylum seekers. Good summary explanation. Recommendations to address this and the mitigating actions, particularly for more urgent treatment, need completing in the right-hand column of the document, may need clinical input to do this.

Declarations of Interest of Panel Members: None

Panel Chair: Anthony Kessel, Clinical Director, Policy Team

Post-Panel Amendments

Amendment Required	Action	Page Numbers (if applicable)
EHIA		
Section relating to refugees and asylum seekers. Good summary explanation. Recommendations to address this and the mitigating actions, particularly for more urgent treatment, need completing in the right-hand column of the document, may need clinical input to do this.	An explanation has been added into the right-hand column, agreed by the PWG, detailing the impact of the recommendation on refugees, asylum seekers or those experiencing modern slavery.	7
Policy Proposition		
Double check the referencing of the intervention/indication across document titles to ensure consistency.	Actioned	All documents checked.