

Clinical Commissioning Policy:

Neoadjuvant vismodegib for locally advanced basal cell carcinoma (BCC) prior to curative treatment for lesions likely to result in functional sequelae or significant aesthetic sequelae (Adults) [URN 2269]

Summary

Neoadjuvant vismodegib is not recommended to be available as a routinely commissioned treatment option for locally advanced basal cell carcinoma (BCC) prior to curative treatment for lesions likely to result in functional sequelae or significant aesthetic sequelae within the criteria set out in this document. Patients must be suitable or potentially suitable for curative treatment at baseline.

The policy is restricted to certain age groups as there is insufficient evidence to confirm safety and/or it is not recommended through the licence authorisation process to be used in those age groups not included in the policy.

Committee discussion

Clinical Panel considered the evidence base and the recommendation was made to progress the policy. Please see Clinical Panel reports for full details of Clinical Panel's discussion.

The Clinical Priorities Advisory Group committee papers can be accessed [here](#).

What we have decided

NHS England has carefully reviewed the evidence to treat locally advanced BCC for lesions likely to result in functional sequelae or significant aesthetic sequelae with neoadjuvant vismodegib. NHS England recognises that the published evidence identifies that, at present, there is sufficient evidence to commission this treatment. However, following the relative prioritisation process undertaken in May 2024, NHS England has concluded that, balanced against other relative priorities that were also considered during this process, neoadjuvant vismodegib for locally advanced basal cell carcinoma (BCC) prior to curative treatment for lesions likely to result in functional sequelae or significant aesthetic sequelae (Adults) will not be funded at this time within the resources available.

The evidence review can be accessed [here](#).

Links and updates to other policies

This document relates to: [210504P NHS England Clinical Commissioning Policy: Vismodegib for adults with either Gorlin syndrome or non-Gorlin syndrome related multiple basal cell carcinomas. \(Adults\)](#)

Plain language summary

About locally advanced basal cell carcinoma

Basal cell carcinomas (BCCs) are slow-growing, malignant skin tumours which develop in the top layer of skin (epidermis). The majority of BCCs affect chronically sun-exposed areas such as the face, head and neck. Basal cell carcinoma is more common in the Caucasian population, particularly amongst older people.

The majority of cases of BCC are cured fairly straightforwardly with topical creams, cryotherapy (using cold temperatures to remove the cancer), surgical removal or radiotherapy. However, in some cases, either where the BCC has been left to enlarge for a long time without treatment, or in cases of recurrence following first-line treatment, the BCC can go on to cause progressive destruction of surrounding tissue structures. This is termed locally advanced BCC and is more difficult to treat.

About current treatment

The current standard treatment for patients with locally advanced BCC is surgery or radiotherapy. Most BCCs affect the face and a common site for locally advanced BCC is the eyelid. If the locally advanced BCC extends to involve the tissues and muscles of the orbit, then the only curative surgery is orbital exenteration (removal of the eye and surrounding soft tissues.) The resulting defect requires major reconstructive surgery, and the patient is often left with severe facial disfigurement. Other types of radical curative surgery for locally advanced BCC include rhinectomy (amputation of the nose) and removal of the ear. Radiotherapy to the face, particularly around the eye, can cause a painful eye and eventual visual loss. Additionally, radiotherapy is not always possible for patients with locally advanced BCC, either due to the patient having had previous radiotherapy at the same site, or for technical reasons. However, locally advanced BCC's can occasionally affect areas other than the head and neck, such as the trunk or perianal region. Radical curative treatment in these areas may involve extensive surgery or radiotherapy, which may result in, for example, loss of function of an affected limb or the removal of the rectum and affected bowel.

Locally advanced BCC most commonly affects the elderly population, many of whom will have significant comorbidities and may be unable to undergo extensive curative treatment in the form of radical surgery and/or radical radiotherapy. For these patients, the only option is best supportive care.

About neoadjuvant vismodegib

Vismodegib is an oral tablet which blocks one of the key cell signalling pathways that causes BCCs to grow and become locally advanced. This signalling pathway is called the Hedgehog (Hh) signalling pathway. Vismodegib is proposed as a neoadjuvant for the treatment of locally advanced BCC for lesions likely to result in functional sequelae or significant aesthetic sequelae, for a defined period of up to 10 months, prior to treatment with curative surgery and/or curative radiotherapy. The aim of the treatment is to downstage locally advanced BCC in order to de-escalate the extent of curative treatment required.

Vismodegib is licensed for use in adult patients with symptomatic metastatic BCC and locally advanced BCC inappropriate for surgery or radiotherapy. The neoadjuvant use of vismodegib as outlined in this policy is off-label.

NICE Technology Appraisal (TA) TA489 covers the use of vismodegib for the treatment of BCC in adults. NICE TA489 recommended that vismodegib not be made available for its licensed indications. This was due to uncertainty in the evidence and lack of cost-effectiveness. The population covered in this NHS England clinical commissioning policy differs from the population covered by NICE TA489. NICE TA489 covers the licensed use of vismodegib for adult patients with symptomatic metastatic BCC or locally advanced BCC that is inappropriate for surgery or radiotherapy. The neoadjuvant use of vismodegib for locally advanced BCC proposed in this policy is off-label, and therefore is outside of the scope of NICE TA489. In addition, patients included in this policy must be suitable, or potentially suitable, for curative treatment at baseline and will receive neoadjuvant for a maximum duration of 10 months only.

Epidemiology and needs assessment

The incidence of BCC varies across the UK. The highest incidence of BCC rates was observed in Southwest England at 362 per 100,000 of the population per year (Venables et al. 2019). BCC is less prevalent in non-Caucasian racial ethnic groups, but when they occur they tend to be diagnosed at a later stage. The median age of diagnosis for BCC is 71 years (Venables et al. 2019).

It is estimated that only 0.8% of BCCs become locally advanced (Goldenberg et al. 2016). In England this translates to around 530 individuals with locally advanced BCC. The population eligible for neoadjuvant treatment (treatment administered prior to curative treatment) with vismodegib in this policy is patients who are suitable or potentially suitable for curative treatment at baseline (curative surgery and/or curative radiotherapy) and who have lesions likely to result in functional sequelae or significant aesthetic sequelae. Clinical consensus estimates that there are likely to be approximately 120 patients per year who would be eligible for neoadjuvant treatment with vismodegib.

Locally advanced BCC is rarely the primary cause of mortality in the population of interest. The intent of treatment with neoadjuvant vismodegib is to reduce morbidity.

Policy review date

This document will be reviewed when information is received which indicates that the policy requires revision. 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.

Our policies provide access on the basis that the prices of therapies will be at or below the prices and commercial terms submitted for consideration at the time evaluated. NHS England reserves the right to review policies where the supplier of an intervention is no longer willing to supply the treatment to the NHS at or below this price and to review policies where the supplier is unable or unwilling to match price reductions in alternative therapies.

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 do not 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.

Definitions

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| Cryotherapy | The use of extreme cold to freeze and remove abnormal tissue. |
| Curative | Treatment given with the aim of achieving complete remission (cure) and preventing recurrence. |
| Neoadjuvant | Treatment administered before the main treatment (e.g., radiotherapy or surgery), to reduce the size of a tumour or to help prevent a disease coming back |
| Radiotherapy | The use of high energy rays (radiation) to treat cancer. |
| Sequelae | The aftereffect(s) of a disease or condition. |

References

Ally, M.S. et al. (2014) 'An investigator-initiated open-label clinical trial of vismodegib as a neoadjuvant to surgery for high-risk basal cell carcinoma', *Journal of the American Academy of Dermatology*, 71(5). doi:10.1016/j.jaad.2014.05.020.

Bertrand, N. et al. (2021) "Vismodegib in neoadjuvant treatment of locally advanced basal cell carcinoma: First results of a multicenter, open-label, phase 2 trial (VISMONEO study)," *EClinicalMedicine*, 35, p. 100844. Available at: <https://doi.org/10.1016/j.eclinm.2021.100844>.

Goldenberg, G. et al. (2016) "Incidence and prevalence of basal cell carcinoma (BCC) and locally advanced BCC (LABCC) in a large commercially insured population in the United States: A retrospective cohort study," *Journal of the American Academy of Dermatology*, 75(5). Available at: <https://doi.org/10.1016/j.jaad.2016.06.020>.

Kahana, A. et al. (2021) 'Vismodegib for preservation of visual function in patients with advanced periocular basal cell carcinoma: The VISORB trial', *The Oncologist*, 26(7). doi:10.1002/onco.13820.

Venables, Z.C. et al. (2019) "Epidemiology of basal and cutaneous squamous cell carcinoma in the U.K. 2013–15: A cohort study," *British Journal of Dermatology*, 181(3), pp. 474–482. Available at: <https://doi.org/10.1111/bjd.17873>. (Accessed January 10, 2023)