

Lung cancer treatment combo given initial NHS 'no' in England

February 12 2019

A treatment combination has been provisionally rejected for people with certain types of lung cancer on the NHS in England.

The decision will be reviewed by the National Institute for Health and Care Excellence (NICE) at the end of March.

The combination included four drugs: the immunotherapy atezolizumab (Tecentriq), a targeted drug called bevacizumab (Avastin), plus two chemotherapies, carboplatin (Paraplatin) and paclitaxel (Taxol).

NICE reviewed the combination for patients with a type of lung cancer called non-squamous non small cell lung cancer.

It was being assessed for those with advanced disease or in those whose cancer cells carried one of two genetic faults.

Cancer Research UK's policy manager, Rose Gray, said it was a shame that NICE provisionally rejected this treatment.

"Lung cancer survival is lower than many other types of cancer and so it's crucial that we find new, effective treatment options for people with this disease."

Patients with these cancers are currently given a combination of chemotherapy drugs.

Combo not cost effective

The combination with atezolizumab significantly prolonged the amount of time a patient's disease was stable and how long they lived in a clinical trial, compared to a group receiving the combination minus atezolizumab. But NICE said the study did not compare the treatment combination with the current standard of care, so its overall benefits are unknown.

NICE also disagreed with how the long-term survival of patients with the genetic faults was calculated. Because of this the combination couldn't be considered cost-effective on the NHS.

The trial

The study in question included 1,040 patients with non [small cell lung cancer](#) who received one of three different combinations of the drugs.

- bevacizumab, carboplatin and paclitaxel
- atezolizumab, carboplatin and paclitaxel
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Patients' lung cancers remained stable for around one and a half months longer on average if they received all four drugs, compared to those receiving bevacizumab, carboplatin and paclitaxel.

The four-drug combination also boosted survival. Patients lived around four and a half months longer on average than those taking bevacizumab, carboplatin and paclitaxel.

Side effects were slightly worse in the group taking the four drugs. They reported more cases of symptoms such as a rash, loss of appetite and

fever.

The drugs

The drugs in the combination attack the cancer in different ways.

Atezolizumab is an immunotherapy that blocks a molecule often found in excess on the surface of cancer cells. The molecule, called PD-L1, tells immune [cells](#) not to attack the cancer cell.

By blocking PD-L1, atezolizumab may unveil [cancer cells](#) to the immune system so they can be attacked and destroyed.

Bevacizumab targets a different molecule called [vascular endothelial growth factor](#) (VEGF) that helps cancers to grow blood vessels. By attacking the growth of [blood vessels](#), the [drug](#) can stop the [cancer](#) from gathering food and oxygen from the blood.

More information: Atezolizumab in combination for treating metastatic non-squamous non-small-cell lung cancer: Appraisal consultation document. [www.nice.org.uk/guidance/gid-t ... onsultation-document](http://www.nice.org.uk/guidance/gid-t...onsultation-document)

Provided by Cancer Research UK

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