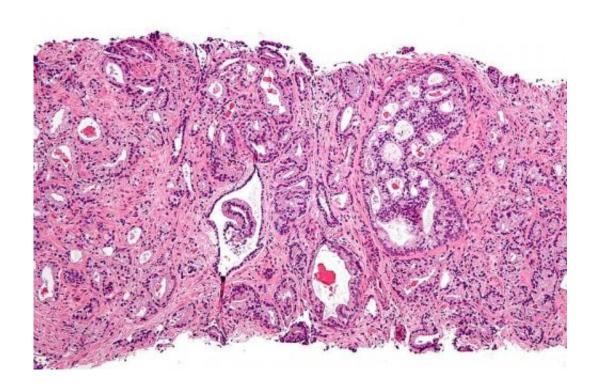


Prostate cancer hormone therapy rejected on NHS in England

April 8 2019



Micrograph showing prostatic acinar adenocarcinoma (the most common form of prostate cancer) Credit: Wikipedia, <u>CC BY-SA 3.0</u>

A prostate cancer drug won't be offered on the NHS any earlier in the treatment plans of patients living with the disease in England, after it failed to pass a cost-effectiveness review.

Enzalutamide (Xtandi) is a type of hormone therapy that is already given to some people with <u>prostate cancer</u> that has spread to other parts of the



body. But in <u>new guidelines</u>, the National Institute for Health and Care Excellence (NICE) rejected the <u>drug</u> for use in patients whose <u>disease</u> has stopped responding to other hormone treatments, but is less advanced and hasn't spread.

Drug gives people more time

Cancer Research UK's head of policy development, Emlyn Samuel, said clinical trial results showed that <u>enzalutamide</u> can keep these less advanced <u>prostate</u> cancers at bay for longer.

"This decision may be disappointing for people affected by prostate cancer," he said. "Clinical trial evidence suggested this drug could give patients more time before the disease begins spreading to other parts of the body."

However, NICE said these potential benefits were outweighed by the cost of the treatment and how it might limit patients' future treatment options. This is because either enzalutamide or another prostate cancer drug, called abiraterone (Zytiga), can currently only be offered once during a patient's treatment.

"NICE have concluded on the basis of the available evidence that the drug may offer patients greater benefit in the long-run if it is saved for use at a later stage of the disease – where it is already approved for NHS patients," said Samuel.

Cutting cancer's fuel supply

Enzalutamide works by blocking testosterone, a hormone that helps prostate cancer cells grow. Blocking testosterone cuts off the cancer's fuel supply.



A trial involving 1401 patients whose prostate cancer hadn't spread but was resistant to other hormone treatments found that enzalutamide stopped the disease progressing.

933 people took enzalutamide and the rest took a dummy drug (placebo).

Enzalutamide controlled the disease without it spreading from the prostate to other parts of the body for 36.6 months on average, compared to 14.7 months on average in those given a placebo.

The most common side effect reported in those taking the hormone therapy was tiredness.

Not cost-effective

While the drug has been shown to be effective in delaying the spread of the disease to other parts of the body, NICE said the trial has not yet shown the drug can boost survival as it hasn't been running for long enough.

As a result, the drug was judged not to offer value for money, because NICE couldn't be confident the long-term benefits to <u>patients</u> justified the drug's cost in people whose <u>cancer</u> is less advanced.

More information: NICE (2019) Enzalutamide for treating non-metastatic hormone-relapsed prostate cancer [ID1359] Final Appraisal Document: www.cancerresearchuk.org/NICE %20%282019%29%20Enzalutamide%20for%20treating%20non-metast atic%20hormone-relapsed%20prostate%20cancer%20%5BID1359%5D %20Final%20Appraisal%20Document.



Provided by Cancer Research UK

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