

Olaparib for maintenance treatment of *BRCA* 1 or 2 mutated, relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer in people whose relapsed disease has responded to platinum-based chemotherapy: A Single Technology Appraisal. Erratum

Using the crossover-site excluded OS data, the first clinical advisor's preferred survival curves imply an incremental gain of ~~0.280.40~~ QALYs for olaparib versus routine surveillance. Assuming incremental costs of £76,259 for olaparib versus routine surveillance, this implies an ICER of ~~£191,979~~~~£270,268~~ per QALY gained. Using the RPSFTM-adjusted OS data, the first clinical advisor's preferred survival curves imply an incremental gain of ~~0.400.28~~ QALYs for olaparib versus routine surveillance. Assuming incremental costs of £76,259 for olaparib versus routine surveillance, this implies an ICER of ~~£270,268~~~~£191,979~~ per QALY gained.

Using the crossover-site excluded OS data, the second clinical advisor's preferred survival curves imply an incremental gain of ~~0.380.37~~ QALYs for olaparib versus routine surveillance. Assuming incremental costs of £76,259 for olaparib versus routine surveillance, this implies an ICER of ~~£201,103~~~~£207,715~~ per QALY gained. Using the RPSFTM-adjusted OS data, the second clinical advisor's preferred survival curves imply an incremental gain of ~~0.260.25~~ QALYs for olaparib versus routine surveillance. Assuming incremental costs of £76,259 for olaparib versus routine surveillance, this implies an ICER of ~~£288,985~~~~£301,526~~ per QALY gained.

The third clinical advisor's views were more tentative and did not indicate a single preferred curve for OS adjusted using either crossover method. This advisor stated a preference for the log normal and generalised gamma functions for the RPSFTM-adjusted OS data, and the gamma, log normal or log logistic functions for the crossover site excluded OS data. The resulting QALY gains implied by the clinical advisor's preferred survival functions range from -0.22 QALYs (RPSFTM-adjusted generalised gamma OS curve, olaparib dominated by routine surveillance) to 0.38 QALYs (CSE-adjusted log-logistic OS curve, implied ICER = £199,694 per QALY gained for olaparib versus routine surveillance).

5.5 Discussion

The CS¹ includes a systematic review of published economic studies of treatments for ovarian cancer together with a *de novo* model-based economic evaluation to assess the incremental cost-effectiveness of olaparib versus routine surveillance in women with *BRCA1/2* mutated (germline and/or somatic), PSR high-grade serous ovarian, fallopian tube or peritoneal cancer whose relapsed disease has responded to platinum-based chemotherapy.

One previously published economic evaluation of olaparib (with or without prior *BRCA* mutation testing) versus routine surveillance in patients with PSR high-grade serous ovarian cancer after a partial or complete response to a platinum-containing regimen was included in the company's review. Within this analysis, the authors reported the ICER for *BRCA1/2* testing followed by olaparib treatment for *BRCA* mutation carriers compared with routine surveillance to be \$193,442 per PFLYS.