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Evidence Review Group Report commissioned by the NIHR HTA Programme on behalf of NICE

**Atezolizumab in combination for treating advanced
non-squamous non-small-cell lung cancer**

ERG scenarios for reduced use of subsequent treatments

**Contains Patient Access Scheme discount prices for atezolizumab and
bevacizumab only**

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ERG scenario with reduced use of subsequent treatments

The company model assumes that all patients with progressed disease have subsequent treatment, with 100% of those who progress after Atezo + Bev + CP having docetaxel; and 15%, 34%, 34% and 17% of those who progress after pemetrexed-based regimens having docetaxel, nivolumab, pembrolizumab and atezolizumab respectively (CS Table 34).

The ERG ran a set of scenarios with reduced proportions of patients proceeding to any subsequent treatment, while holding the above mix of subsequent treatments constant. We ran the analyses for the ERG base case with the ITT population and the PAS price discounts for atezolizumab and bevacizumab but list prices for pemetrexed and all subsequent treatments.

Results are reported in Table 1 below. ICERs are sensitive to the uptake of subsequent therapy and vary between dominant in the base case, to £55,706 per QALY gained.

Table 1 Reduced uptake of subsequent therapy: ERG base case ITT population (PAS for atezolizumab and bevacizumab only)

Proportion of patients with subsequent therapy	Atezo+Bev+CP		Pem+platinum+Pem maintenance		ICER (£ per QALY)
	Total QALYs	Total costs	Total QALYs	Total costs	
Base case 100%					Dominant
90%					Dominant
80%					£4,619
70%					£13,133
60%					£21,648
50%					£30,162
40%					£38,677
30%					£47,191
20%					£55,706