NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Proposed Single Technology Appraisals

1. Nivolumab for treating advanced, unresectable melanoma after progression with anti-CTLA-4 therapy [ID845] (Appendix B1)
2. Nivolumab for previously untreated, unresectable, advanced melanoma without a BRAF mutation [ID846] (Appendix B2)
3. Nivolumab for untreated, advanced, unresectable BRAF V600 mutation-positive melanoma [ID847] (Appendix B2)
4. Nivolumab in combination with ipilimumab for untreated, advanced, unresectable melanoma [ID848] (Appendix B2)

Consultee and commentator comment form

Please use this form for submitting your comments on the draft remits, draft scopes and provisional matrix of consultees and commentators. It is important that you complete and return this form even if you have no comments otherwise we may chase you for a response.

Enter the name of your organisation here: British Association of Dermatologists

Comments on the draft remits and draft scopes

The draft remits are the briefs for the proposed appraisals. Appendix B1 contains the draft remits for topic ID845 and Appendix B2 contains the draft remits for topics ID846, 847 and 845. The draft scopes, developed from the draft remits outline the question that the proposed appraisals would answer.

Please submit your comments on the draft remits and draft scope using the table below. **Please take note of any questions that have been highlighted in the draft scope itself** (usually found at the end of the document).

If you have been asked to comment on documents for more than one proposed appraisal, please use a separate comment form for each topic, even if the issues are similar.

If you do not have any comments to make on the draft remit and draft scope, please state this in the box below.

Comment 1: the draft remit

Section	*Notes*	Your comments			
		845	**846**	**847**	**848**
Appropriateness	*It is important that appropriate topics are referred to NICE to ensure that NICE guidance is relevant, timely and addresses priority issues, which will help improve the health of the population. Would it be appropriate to refer this topic to NICE for appraisal?*	Yes	Yes	Yes	Yes

Section	*Notes*	Your comments			
		845	**846**	**847**	**848**
Wording	*Does the wording of the remit reflect the issue(s) of clinical and cost effectiveness about this technology or technologies that NICE should consider? If not, please suggest alternative wording.*	Yes	Yes	Yes	Yes

Section	*Notes*	Your comments			
		845	**846**	**847**	**848**
Timing Issues	*What is the relative urgency of this proposed appraisal to the NHS?*	ASAP	ASAP	ASAP	ASAP

Section	Your comments			
	845	**846**	**847**	**848**
Any additional comments on the draft remit	no	no	no	no

Comment 2: the draft scopes

Section	*Notes*	Your comments			
		845	**846**	**847**	**848**
Background information	*Consider the accuracy and completeness of this information.*	Adequate	Adequate	Adequate	Adequate

Section	Notes	Your comments			
		845	846	847	848
The technology/ intervention	*Is the description of the technology or technologies accurate?*	Yes	Yes	Yes	Yes

Section	*Notes*	Your comments			
		845	846	847	848
Population	*Is the population defined appropriately? Are there groups within this population that should be considered separately?*	Yes/No	Yes/No	Yes/No	Yes/no

Section	*Notes*	Your comments			
		845	846	847	848
Comparators	*Is this (are these) the standard treatment(s) currently used in the NHS with which the technology should be compared? Can this (one of these) be described as 'best alternative care'?*	See comments below	See comments below	See comments below	See comments below

Section	*Notes*	Your comments			
		845	**846**	**847**	**848**
Outcomes	*Will these outcome measures capture the most important health related benefits (and harms) of the technology?*	yes	yes	yes	yes

Section	*Notes*	Your comments			
		845	**846**	**847**	**848**
Economic analysis	*Comments on aspects such as the appropriate time horizon.*				

Section	*Notes*	Your comments			
		845	**846**	**847**	**848**
Equality	*NICE is committed to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relations between people with particular protected characteristics and others. Please let us know if you think that the proposed remit and scope may need changing in order to meet these aims. In*	No No No	No No No	No No No	No No No

	particular, please tell us if the proposed remit and scope: • *could exclude from full consideration any people protected by the equality legislation who fall within the patient population for which [the treatment(s)] is/are/will be licensed;* • *could lead to recommendations that have a different impact on people protected by the equality legislation than on the wider population, e.g. by making it more difficult in practice for a specific group to access the technology;* • *could have any adverse impact on people with a particular disability or disabilities.* *Please tell us what evidence should be obtained to enable the Committee to identify and consider such impacts.*				

Section	*Notes*	Your comments			
		845	**846**	**847**	**848**
Other considerations	*Suggestions for additional issues to be covered by the proposed appraisal are welcome.*				

Section	*Notes*	Your comments			
		845	**846**	**847**	**848**
Innovation	*Do you consider the technology to be innovative in its potential to make a significant and substantial impact on health-related benefits and how it might improve the way that current need is met (is this a 'step-change' in the management of the condition)?* *Do you consider that the use of the technology can result in any potential significant and substantial health-related benefits that are unlikely to be included in the QALY calculation?* *Please identify the nature of the data which you understand to be*	Q1 Yes it has a reasonably good side effect profile and has been shown in trials to be an effective treatment. Q2 Not sure.	Q1 Yes. Q2 We don't think so.	Q1 Yes. Q2 We don't think so.	Q1 Yes. Q2 We don't think so.

	available to enable the Appraisal Committee to take account of these benefits.				

Section	*Notes*	**Your comments**			
		845	**846**	**847**	**848**
Questions for consultation	*Please answer any of the questions for consultation if not covered in the above sections. If appropriate, please include comments on the proposed process this appraisal will follow (please note any changes made to the process are likely to result in changes to the planned time lines).*	Have all relevant comparators for nivolumab been included in the scope? No. Which treatments are considered to be established clinical practice in the NHS for advanced, unresectable melanoma that has progressed after anti-CTLA-4 therapy? BRAF inhibitors in patients with a BRAF mutation only, If BRAF wild type there are no established treatments yet. Would retreatment with ipilimumab be used after progression following first-line ipilimumab therapy? In some cases. Is dacarbazine an appropriate comparator for nivolumab in this indication? No. Should dabrafenib and	Have all relevant comparators for nivolumab been included in the table? Yes. Is dacarbazine an appropriate comparator for people with untreated advanced melanoma without a BRAF mutation? No. Would it be considered for certain patient subgroups only (for example, people who are ineligible for, or intolerant to, ipilimumab)? It could be. (the below text is the same for ID 846, 847 & 848) Are there any subgroups of people in whom nivolumab is expected to be more clinically	Have all relevant comparators for nivolumab been included in the table? No. Mek inhibitors have been excluded from this table e.g. trametinib Should ipilimumab be included as a comparator for previously untreated disease with a BRAF V600-positive mutation? Yes.	Have all relevant comparators for nivolumab in combination with ipilimumab been included in the scope? Again, MEK inhibitors have not been included. Should ipilimumab be included as a comparator for nivolumab in previously untreated disease with a BRAF V600-positive mutation? Yes. Is dacarbazine, or any other chemotherapy, an appropriate comparator for nivolumab in people with untreated advanced unresectable melanoma without a BRAF mutation? No. Would it be considered for certain patient subgroups only (for example, people in

		vemurafenib be included as comparators for people with BRAF V600 mutation-positive disease who have progressed following treatment? If progression is after ipilumumab. Are there any subgroups of people in whom nivolumab is expected to be more clinically effective and cost effective or other groups that should be examined separately? Not to our knowledge. Where do you consider nivolumab will fit into the existing NICE pathway, skin cancer? Similar to ipilimumab.	effective and cost effective or other groups that should be examined separately? No. Where do you consider nivolumab will fit into the existing NICE pathway for skin cancer? Similar to ipilimumab.		whom ipilimumab is contraindicated or not tolerated)? It could be.

Comment 3: provisional matrix of consultees and commentators

The provisional matrix of consultees and commentators (Appendix C) is a list of organisations that we have identified as being appropriate to participate in these proposed appraisals. If you have any comments on this list, please submit them in the box below.

As NICE is committed to promoting equality and eliminating unlawful discrimination Please let us know if we have missed any important organisations from the lists contained within the matrix, and which organisations we should include that have a particular focus on relevant equality issues.

If you do not have any comments to make on the provisional matrix of consultees and commentators, please cross this box: ☐

Comments on the provisional matrix of consultees and commentators
Looks acceptable

Comment 4: regulatory issues - (to be completed by the company that markets the technology)

Section	*Notes*	**Your comments**			
		845	**846**	**847**	**848**
Remit	*Does the wording of the remit reflect the current or proposed marketing authorisation? If not, please suggest alternative wording.*				

Section	*Notes*	**Your comments**			
		845	**846**	**847**	**848**
Current or proposed marketing authorisation	*What are the current indications for the technology?*				
	What are the planned indications for the technology?				
	FOR EACH PLANNED INDICATION:				
	What is the target date (mm/yyyy) for regulatory submission?				
	Which regulatory process are you following?				

	What is the anticipated date (mm/yyyy) of CHMP positive opinion (if applicable) and regulatory approval?				
	Please indicate whether the information you provide concerning the proposed marketing authorisation is in the public domain and if not when it can be released. All commercial in confidence information must be highlighted and underlined.				

Section	*Notes*	**Your comments**			
		845	**846**	**847**	**848**
Economic model software	*NICE accepts executable economic models using standard software, that is, Excel , DATA, R or WinBUGs. Please indicate which software will be used. If you plan to submit a model in a non-standard package, NICE, in association with the ERG, will investigate whether the requested software is acceptable, and establish if you need to provide NICE and the ERG with temporary licences for the non – standard software for the duration of the appraisal. NICE reserves the right*				

	to reject economic models in non-standard software				

Please return this form using NICE Docs by **Tuesday 31 March 2015**

If using NICE Docs is not possible please email scopingta@nice.org.uk or contact Michelle Adhemar, Project Manager on 44 (0)20 7045 2239.