



Treatment Options for Advanced Non-Small-Cell Lung Cancer: Effectiveness and Value

Draft Voting Questions for October 20, 2016 Public Meeting

These questions are intended for the deliberation of the Midwest CEPAC voting body at the public meeting.

- 1) In patients with EGFR+ advanced NSCLC, is the evidence adequate to distinguish the net health benefit among the TKIs erlotinib, gefitinib, and afatinib?
Yes No

- 2) In patients with EGFR+ advanced NSCLC, is the evidence adequate to demonstrate that the net health benefit of first-line treatment with a TKI is greater than that of treatment with a platinum doublet?
Yes No

- 3) Given the available evidence on net health benefit with TKI therapy, the additional cost of TKI therapy, and taking into account other benefits, disadvantages, and contextual considerations, what is the care value of TKI therapy?
a. Low b. Intermediate c. High

- 4) In patients with EGFR- advanced NSCLC who have progressed after treatment with a platinum doublet, is the evidence adequate to distinguish the net health benefit among the PD-1 immunotherapies nivolumab, pembrolizumab, and atezolizumab?
Yes No

- 5) In patients with EGFR- advanced NSCLC who have progressed after treatment with a platinum doublet, is the evidence adequate to demonstrate that the net health benefit of treatment with a PD-1 immunotherapy used for its actual or expected labeled indications is greater than that of treatment with docetaxel?
Yes No

- 6) Given the available evidence on net health benefit with PD-1 immunotherapy, the additional cost of PD-1 immunotherapy, and taking into account other benefits, disadvantages, and contextual considerations, in patients with EGFR- advanced NSCLC who have progressed after treatment with a platinum doublet, what is the care value of PD-1 immunotherapy used for its actual or expected labeled indications?
a. Low b. Intermediate c. High

7) Given the available evidence on net health benefit with a PD-1 immunotherapy, the additional cost of PD-1 immunotherapy, and taking into account other benefits, disadvantages, and contextual considerations, in patients with EGFR- advanced NSCLC who have progressed after treatment with a platinum doublet, and who have tumors that express PD-L1, what is the care value of PD-1 immunotherapy?

a. Low b. Intermediate c. High

8) In patients with advanced NSCLC without a driver mutation who have not previously been treated for advanced disease, is the evidence adequate to demonstrate that the net health benefit of treatment with a PD-1 immunotherapy is greater than that of treatment with a platinum doublet?

Yes No

9) In patients with EGFR+ advanced NSCLC who have progressed after treatment with a platinum doublet, is the evidence adequate to demonstrate that the net health benefit of treatment with a PD-1 immunotherapy is greater than that of treatment with docetaxel?

Yes No