



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

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## Revised 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.

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- 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 long-term value for money 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 each of the following PD-1 immunotherapies used for their actual or expected labeled indications is greater than that of treatment with docetaxel?
- Nivolumab (indicated for treatment irrespective of PD-L1 level)
 

Yes                      No
  - Pembrolizumab (indicated for treatment for PD-L1 level  $\geq 50\%$ )
 

Yes                      No
  - Atezolizumab (expected indication for treatment for PD-L1 test of TC 2/3 or IC 2/3)
 

Yes                      No
- 6) Given the available evidence on net health benefit with 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 long-term value for money of each of the following PD-1 immunotherapies used for its actual or expected labeled indications?
- Nivolumab (indicated for treatment irrespective of PD-L1 level)
 

a. Low                      b. Intermediate                      c. High
  - Pembrolizumab (indicated for treatment for PD-L1 level  $\geq 50\%$ )
 

a. Low                      b. Intermediate                      c. High
  - Atezolizumab (expected indication for treatment for PD-L1 test of TC 2/3 or IC 2/3)
 

a. Low                      b. Intermediate                      c. High
- 7) 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 PD-1 immunotherapy is greater than that of treatment with a platinum doublet?
- Yes                      No
- 8) 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 PD-1 immunotherapy is greater than that of treatment with docetaxel?
- Yes                      No