

Summary of a recommendation by COHERE 21 November 2019
Finland

Recommendation on combination treatment with nivolumab and ipilimumab as first-line treatment for advanced renal clear cell carcinoma

At its meeting of 29 October 2019, the Council for Choices in Health Care in Finland (COHERE Finland) adopted a recommendation on combination treatment with nivolumab and ipilimumab as the first-line treatment for advanced renal clear cell carcinoma.

According to the COHERE recommendation, the combination treatment with nivolumab and ipilimumab may be included in the range of services for the treatment of advanced renal clear cell carcinoma, provided that its use is limited by medical criteria to patients who benefit with sufficient certainty from the treatment and if a price is agreed for both medicines taking into account the uncertainty related to the effectiveness of the treatment.

The treatment should only be targeted at patients with advanced renal clear cell carcinoma who are in good condition (WHO classification 0-1) but predicted with intermediate or poor outcome. If the combination phase of the treatment is interrupted due to adverse reactions, treatment should not be continued with nivolumab alone.

Combination treatment with nivolumab and ipilimumab can extend life for some patients. However, there are limitations to the evidence and there is no research data yet on the therapeutic added value of ipilimumab in relation to monotherapy with nivolumab.

Nivolumab and ipilimumab are antibodies that enhance the body's immune response and improve the immune system's ability to kill cancer cells. Other possible first-line treatments of advanced renal cancer include, for example, oral tyrosin kinase inhibitors sunitinib and pazopanib.

When using the combination treatment with nivolumab and ipilimumab, both medicinal products are administered intravenously over the first four cycles (12 weeks). Thereafter, there will be a maintenance phase in which treatment with nivolumab alone will continue for as long as clinical benefit is established or until the patient can no longer tolerate it.

The costs of combination treatment with nivolumab and ipilimumab are high. The additional costs of the treatment per quality-weighted additional year of life (QALY) compared with sunitinib treatment are EUR 124,000 at the tax-free wholesale price if the duration of the treatment is not limited.

In Finland, kidney cancer is diagnosed every year in approximately 960 people, and 80–85% of them are diagnosed with renal clear cell carcinoma. An estimated 100 patients with advanced renal carcinoma and predicted with intermediate or poor outcome are diagnosed annually. Approximately 20–30 of them would be suitable to receive nivolumab with ipilimumab in accordance with this recommendation. The annual budget impact of the treatments is estimated at EUR 0.9–2.7 million between 2020 and 2024.



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The recommendation will be reviewed at the earliest by the end of 2021 when new research data on the combination treatment is available.

You can find the recommendation here <https://palveluvalikoima.fi/en/recommendations> (in Finnish)

The Council for Choices in Health Care in Finland (COHERE Finland) works in conjunction with the Ministry of Social Affairs and Health, and its task is to issue recommendations on services that should be included in the range of public health services. Further information: www.palveluvalikoima.fi.

