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ATEZOLIZUMAB IN COMBINATION WITH NAB-PACLITAXEL IN THE TREATMENT OF TRIPLE-NEGATIVE BREAST CANCER – A SUMMARY OF COHERE FINLAND'S RECOMMENDATION

Atezolizumab is a pharmaceutical intended to be used in combination with nab-paclitaxel (atetzo+nP) for the treatment of adult patients with locally-advanced or metastatic triple-negative breast cancer, which is unsuited for surgical treatment. The tumours must have a PD-L1 expression of at least 1% and the patient must not have received prior chemotherapy for their metastatic disease. The patients must be in good general health (WHO/ECOG 0-1) and a period of 12 months must have elapsed from any previous taxane-based chemotherapy given as adjuvant treatment.

Atezolizumab's effect is based on increasing the immune response targeting cancer cells. As the immune response increases, the body's own defence mechanism can destroy cancer cells. The active substance in nab-paclitaxel is the cytostatic paclitaxel, which, unlike conventional paclitaxel products, is bound to albumin.

According to the study, patients that received atetzo-nP therapy lived an average of seven months longer during the 18-month monitoring period than patients who received a combination of placebo therapy and nab-paclitaxel. However, the result was not statistically significant, but based on the ex-post mapping analysis of the material, which lowers the reliability of the study. Therefore, due to lack of evidence, the result is uncertain.

The addition of atetzolizumab to nab-paclitaxel therapy somewhat increased difficult, life-threatening and serious adverse events leading to discontinuations of the treatment.

Atetzo + nP therapy is considerably more expensive than conventional taxane treatments or other alternative primary treatments for metastatic breast cancer. According to Fimea's estimate, the average additional cost per patient is approximately EUR 100,000. According to COHERE Finland, significant discounts must be agreed on in price negotiations. When assessing various cost-effectiveness thresholds, Fimea states in its evaluation report that if the cost-effectiveness threshold was EUR 50,000 per quality-weighted year of life, the price of atetzolizumab should be up to 75-90% lower than the public wholesale price. According to the assessment, there would be between 40 and 70 patients per year suited for treatment with the combination of medicines, in which case, the total budget impact without price reduction would be approximately 7 million euros at most.

Triple-negative breast cancer refers to breast cancer that does not express oestrogen and progesterone receptors (ER- and PR-) or HER2 oncogene multiplication (HER2-). On average, patients with this disease are younger than other breast cancer patients. Triple-negative breast cancer often behaves aggressively and is more likely to recur than other breast cancer subtypes. The median life



expectancy of patients with metastatic triple-negative breast cancer is around 1.5 years.

The marketing authorisation for Atezolizumab also includes other indications, which this recommendation does not touch upon.

COHERE Finland operates in connection with the Ministry of Social Affairs and Health, and its task is to issue recommendations on the inclusion of health care methods in publicly funded health care. For more information on Service choices in healthcare please see the COHERE Finland website www.palveluvalikoima.fi

