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UK's NICE recommends abemaciclib for advanced breast cancer

August 13, 2021 | News

NICE has published draft guidance recommending Eli Lilly's twice-daily pill abemaciclib for advanced HER2-negative breast cancer for people who have already had endocrine therapy



The UK National Institute for Health and Care Excellence (NICE) has published new draft guidance which recommends Eli Lilly's twice-daily pill abemaciclib, also called Verzenious, as an option for adults with advanced hormone receptor-positive, HER-2 negative breast cancer.

The positive recommendation follows an improved patient access scheme from Eli Lilly. Together with further economic modelling data provided by the company, this means that abemaciclib can now be recommended as a cost-effective use of National Health Service (NHS) resources.

Abemaciclib is a CDK4/6 inhibitor that blocks proteins that allow cancer cells to divide and grow. It is administered with the hormonal therapy drug fulvestrant in adults who have had hormonal therapy.

The new guidance means abemaciclib will now come out of the Cancer Drugs Fund and be made available routinely as an option where exemestane plus everolimus would be the most appropriate alternative treatment to a CDK 4/6 inhibitor. NICE estimates that around 2,500 people could be eligible for treatment with abemaciclib under this guidance.

"Advanced breast cancer is an incurable condition and the aim of treatment is to delay it getting worse and extend survival," said Meindert Boysen at NICE. "The committee heard that CDK4/6 inhibitors like abemaciclib were welcomed by patients because they can delay the time before their cancer gets worse and so delay or avoid the need for chemotherapy."

Observations also revealed that exemestane plus everolimus, the treatment that would normally be used at this stage, was poorly tolerated and used for only a small number of people because it has similar effects to chemotherapy on quality of life. Hence NICE is able to recommend abemaciclib with fulvestrant for routine treatment as another option for people with advanced breast cancer who have already had endocrine therapy.