

1.	<p><b>Treatment &amp; Condition</b></p> <p>Lenvatinib for untreated advanced hepatocellular carcinoma.</p>
2.	<p><b>Associated appraisal body &amp; Summary of ruling</b></p> <p>NICE Technology Appraisal guidance TA551 (December 2018)</p> <p>Lenvatinib (Lenvima<sup>®</sup>) is recommended as an option for untreated, advanced, unresectable hepatocellular carcinoma in adults, only if:</p> <ul style="list-style-type: none"> <li>• they have Child–Pugh grade A liver impairment and an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1 and</li> <li>• the company provides it according to the commercial arrangement.</li> </ul>
3.	<p><b>Number of people in Northern Ireland expected to take up service/therapy</b></p> <p>According to the Resource Impact Statement that accompanies NICE TA551, it is estimated that around 27 people in Northern Ireland will be eligible for treatment with lenvatinib each year.</p> <p>However it is the view of local clinicians that as lenvatinib is a further option for treatment alongside the current treatment sorafenib for this cohort of patients, the number is of patients eligible for treatment would be in the region of 10-12 per annum.</p>
4.	<p><b>Patient Access Scheme Availability</b></p> <p>(<u>Yes</u>/No)</p> <p>The company (Eisai) has a commercial agreement (patient access scheme). This makes lenvatinib available to the NHS with a discount. The size of the discount is commercial in confidence.</p>
5.	<p><b>Infrastructure Requirements</b></p> <p>Any additional infrastructure costs associated with the introduction of new cancer therapies will be dealt with as part of the routine commissioning process.</p>
6.	<p><b>Expected implementation period</b></p> <p>There is no impediment to immediate implementation for new patients.</p>
7.	<p><b>Commissioning arrangements</b></p> <p>This regimen will be formally commissioned by the HSCB/PHA via the Specialist Services Commissioning Team initially on a cost-per-case (CPC) basis. Thereafter, numbers of patients who received or are receiving treatment will be reviewed and consideration will be given to moving to recurrent funding to support this regimen</p>

<b>8.</b>	<p><b>Monitoring arrangements</b></p> <p>The HSCB cost per case process will generate quarterly reports on the number of applications.</p> <p>HSCB currently routinely reviews quarterly monitoring information in relation to the usage of all recurrently funded specialist cancer drugs across both the Cancer Centre and other Units.</p> <p>The monitoring pro forma will be adapted to capture information in respect of this regimen and this group of patients. This monitoring report is submitted to the Specialist Services Commissioning Team for formal review and comment by the Team.</p>
<b>9.</b>	<p><b>DoH (NI) Legislative/Policy Caveats</b></p> <p>This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.</p>