HSCB Service Notification for the managed entry of new medicines and technologies

Health and Social Care Board

<table>
<tr><td>1.</td><td>Treatment & Condition

Trastuzumab emtansine for adjuvant treatment of HER2-positive early breast cancer</td></tr>
<tr><td>2.</td><td>Associated appraisal body & Summary of ruling

NICE Technology Appraisal guidance (NICE TA632) June 2020

Trastuzumab emtansine is recommended, within its marketing authorisation, as an option for the adjuvant treatment of human epidermal growth factor receptor 2 (HER2)-positive early breast cancer in adults who have residual invasive disease in the breast or lymph nodes after neoadjuvant taxane-based and HER2-targeted therapy. It is recommended only if the company provides trastuzumab emtansine according to the commercial arrangement.</td></tr>
<tr><td>3.</td><td>Number of people in Northern Ireland expected to take up service/therapy

Estimated annual patient numbers in Northern Ireland, as indicated by the NICE Resource Impact Template that accompanies NICE TA632, are as follows:
<table>
<tr><td>Year</td><td>2020/21</td><td>2021/22</td><td>2022/23</td><td>2023/24</td><td>2024/25</td></tr>
<tr><td>Number of people treated</td><td>13</td><td>25</td><td>25</td><td>25</td><td>24</td></tr>
</table></td></tr>
<tr><td>4.</td><td>Patient Access Scheme Availability

(Yes/No)

The company (Roche) has a commercial arrangement. This makes trastuzumab emtansine available to the NHS with a discount. The size of the discount is commercial in confidence.</td></tr>
<tr><td>5.</td><td>Infrastructure Requirements

Any additional infrastructure costs associated with the introduction of new cancer therapies will be dealt with as part of the routine commissioning process.</td></tr>
<tr><td>6.</td><td>Expected implementation period

There is no impediment to immediate implementation for new patients</td></tr>
<tr><td>7.</td><td>Commissioning arrangements

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</td></tr>
<tr><td>8.</td><td>Monitoring arrangements</td></tr>
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	The HSCB cost per case process will generate quarterly reports on the number of applications. 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. 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.
9.	**DoH (NI) Legislative/Policy Caveats** 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.