



NHS Devon
NHS Plymouth
Torbay Care Trust

Peninsula Commissioning Priorities Group

Commissioning decision: cabazitaxel for the treatment of hormone refractory metastatic prostate cancer

The Peninsula Commissioning Priorities Group (PCPG) has come to a decision on the use of cabazitaxel for the treatment of hormone refractory metastatic prostate cancer which has progressed during or after docetaxel treatment. Cabazitaxel will not be routinely commissioned for this indication.

Rationale for the decision

A randomised open labelled trial is available comparing cabazitaxel to mitoxantrone chemotherapy in men with metastatic hormone refractory prostate cancer whose disease had progressed during or after treatment with a docetaxel regimen. This reported a significant overall survival gain of 2.4 months for the cabazitaxel group. Cabazitaxel had a higher incidence of haematological adverse events than the comparator. Deaths within 30 days of the last dose of study drug were more common in the cabazitaxel group.

The drug acquisition cost of a course of cabazitaxel is estimated to be around £22,176 (plus VAT). The comparative costs associated with a course of mitoxantrone are estimated to be around £750. Using cabazitaxel in place of mitoxantrone is estimated to have an annual budget impact of between £1.2m and £2.4m across the Peninsula.

The Group consider that cabazitaxel offers a small survival advantage compared to mitoxantrone at greatly increased financial cost and do not support commissioning for routine use.

Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding can be sought.

Plain language summary

Prostate cancer is one of the most common cancers in men and once the cancer has spread it is unlikely that it will be able to be cured. Progression of the cancer can be slowed with treatment such as hormone therapy. Once the cancer becomes resistant to these drugs it is known as hormone refractory prostate cancer. Treatment with docetaxel may be used at this stage. If the cancer progresses during or after treatment with docetaxel, treatment options are limited. Cabazitaxel could be used at this stage and has been shown to improve overall survival by just over 2 months compared to currently used chemotherapy with mitoxantrone but some serious side effects are more common. The costs of cabazitaxel are much greater than mitoxantrone and it is considered that these are too great to justify routine use. Final guidance from NICE is expected early in 2012.

Date of decision: 7th December 2011