

Cost effectiveness

The Committee agreed that the ICER for the whole population covered by the marketing authorisation probably lay between £63,100 per QALY gained and £71,500 per QALY. The Committee concluded that the ICER for the whole population covered by the marketing authorisation was in excess of the range normally considered cost effective.

The Committee also discussed the ERG's exploratory analyses for the IHC3-positive subgroup and agreed that the most plausible estimate of cost effectiveness of trastuzumab plus cisplatin and capecitabine lay between £45,000 and £50,000 per QALY gained for this subgroup. The Committee concluded that this ICER was higher than would normally be considered cost effective.

End of life considerations

First, the Committee considered the life expectancy of people with HER2-


of-life was applicable. (However, see also Discussion section below for details of the view on population size taken by a later Appraisal Committee assessing trastuzumab for metastatic breast cancer).

Thus, the Committee agreed that trastuzumab met all of the criteria for consideration as an end of life intervention.

Overall assessment

The Committee discussed the cost effectiveness of trastuzumab plus cisplatin and capecitabine for the whole population covered by the marketing authorisation, taking into account the end-of-life criteria. It agreed that the most plausible estimate was between £63,100 per QALY gained and £71,500





There are also questions about what happens when the marketing authorizations are increased for a treatment *after* it has been approved for one indication on the basis of the small patient popula