

Summary

In this position statement, the National Health Care Institute has carried out a reassessment of the PARP inhibitors. PARP inhibitors are cancer medicines that prevent damaged tumour cells from repairing themselves. This kills the tumour cells. We have reassessed whether these medicines belong in the basic healthcare package. Here is our conclusion and how we researched it.

Conclusion: not all PARP inhibitors should be included in the basic healthcare package

From 2017, several PARP inhibitors have been reimbursed from the basic healthcare package for the treatment of breast cancer, prostate cancer, pancreatic cancer and ovarian cancer. Our conclusion is that not all PARP inhibitors for the indications for which they are currently reimbursed belong in the basic healthcare package. In this position statement, the National Health Care Institute explains the new conclusions. We explain the different outcomes and show how new scientific knowledge influences the reassessment of PARP inhibitors.

Reason for reassessment

In recent years, several PARP inhibitors have been included in the basic healthcare package. This happened after a positive assessment by the National Health Care Institute or healthcare insurers. But after the inclusion in the basic healthcare package, more scientific knowledge about the medicinal products has become available. That is why the National Health Care Institute decided to reassess six indications using all the new knowledge. These include:

- Olaparib and niraparib for advanced ovarian cancer.
- Olaparib and niraparib for recurrent ovarian cancer.
- Olaparib and talazoparib in metastatic breast cancer.

Reimbursement for some PARP inhibitors is stopped

The National Health Care Institute has been advised by its Scientific Advisory Board (WAR) on the assessments. The main requirement to reimburse a medicinal product or treatment from the basic healthcare package is that it really works. In legal terms, it 'meets the established medical science and medical practice' (SWP). Based on the results of the scientific studies, the National Health Care Institute concludes that:

- Treatment with olaparib for advanced ovarian cancer complies with the SWP for patients with a BRCA gene mutation.
- Treatment with niraparib for advanced ovarian cancer does not comply with the SWP.
- Olaparib treatment and niraparib treatment for recurrent ovarian cancer complies with the SWP for patients with a BRCA mutation.
- Treatment with olaparib and treatment with talazoparib for metastatic breast cancer does not comply with the SWP.

Therefore, for the indications that no longer comply with the SWP, the treatment can no longer be reimbursed from the basic healthcare package. No new patients can start treatment for these indications. However, patients who have already started treatment before this position statement is published can complete their treatment if a discussion with their specialist shows that the patient is benefiting from it.

Explanation of our assessment of the impact on survival

To assess the effect of medicinal products on survival, the National Health Care Institute preferably looks at an outcome measure that directly measures survival. This is called overall survival. It is the time the patient lives after starting treatment. There is an important difference between the survival information available when the PARP inhibitors were included in the basic healthcare package and now, during the reassessment.

When PARP inhibitors were included in the basic healthcare package, there was no useful information on the effect of treatment on overall survival. There was only information about the effect on progression-free survival. That is the time during which the disease does not get worse. Progression-free survival is a so-called surrogate outcome that we use if we don't know the actual

outcome yet. For this reassessment, the overall survival data are now available. And these data show that the previously observed effect on progression-free survival does not always translate into a positive effect on overall survival. There are several reasons for this.

Since progression-free survival is not a proven predictor for an effect on overall survival, it may give a different impression of the effect on survival than the overall survival data. Another explanation is that in some of the studies, a large proportion of the patients in the control group received a PARP inhibitor after disease progression. This is called cross-over and may make a treatment effect invisible. Furthermore, it is possible that not enough patients were enrolled in studies. As a result, it may not have been possible to demonstrate an effect on overall survival. The National Health Care Institute can only reach a positive conclusion on survival if we can establish with sufficient certainty that the medicinal product is effective. It must have demonstrable added value for patients. That is not the case for some of the indications that we have now reassessed.

About the position statements of the National Health Care Institute

The National Health Care Institute indicates which care is included in the basic healthcare package. A treatment or particular care is only considered insured care if it is sufficiently proven to be effective. Patients, healthcare professionals and healthcare insurers have a say in the process of determining a position. They can indicate which questions they consider important to include in the assessment. They can also respond to the position statement before the National Health Care Institute finalises it. In the end, all the position statements of the National Health Care Institute are carefully read and discussed by the Scientific Advisory Board (WAR). This board includes independent scientists, physicians, pharmacists, methodologists and health economists. They advise the Executive Board of the National Health Care Institute on the position statement. Only after their advice can the Executive Board finalise the position statement and inform the Minister of Health, Welfare and Sport. That information is then also distributed to the patient associations, healthcare professionals and healthcare insurers. We also publish the position statement on our website. All reactions from stakeholders and the WAR are included there. The National Health Care Institute describes what we have done with those reactions. This will give everyone clarity and together we will ensure that the basic healthcare package contains good quality care, no more than necessary and no less than necessary. Ultimately, everyone should be able to rely on good and affordable care, now and in the future.