South Central Priorities Committees
(Southampton, Hampshire, Isle of Wight and Portsmouth PCTs)

Policy Recommendation 64: **Epirubicin, Oxaliplatin and Capecitabine (EOX) Triplet Therapy for Advanced Metastatic Oesophagogastric Cancer**

Date of issue: **April 2010**

EOX triplet therapy is RECOMMENDED for the treatment of advanced or metastatic oesophagogastric cancer due to good evidence of clinical effectiveness, the likelihood that it is cost effective and the advantages that its more rapid delivery offers to patients.

- Gastric and oesophageal cancers are the second and sixth most common causes of cancer related deaths worldwide respectively. Stomach cancer is now the 8th most common cancer amongst adults in the UK. 70-80% of patients present with advanced disease and are therefore not suitable for surgical treatment. Advanced oesophagogastric cancer is incurable and the aim of palliative chemotherapy is to increase survival, prevent symptomatic deterioration and improved quality of life.

- The REAL2 trial demonstrates that replacing infused cisplatin with oxaliplatin in current triplet chemotherapy regimens for advanced oesophagogastric cancer is non-inferior and does not compromise treatment outcomes or patient safety.

- The incremental cost per patient of EOX vs ECX (epirubicin, cisplatin, capecitabine) assuming 8 cycles of chemotherapy is £240. There are no published studies about cost effectiveness but equivalent efficacy, regional pricing combined with the avoidance of pre and post hydration and shorter infusion times (2hrs vs 6hrs) indicate that the modest incremental cost of oxaliplatin is offset.

- The use of oxaliplatin in place of cisplatin is likely to have significant beneficial impact on patients and the NHS. Identified benefits include ease of administration, potential reduction in duration and frequency of hospital visits/overnight stays and reduced pressure on IV chemotherapy services which may indirectly benefit patients with other cancers.

NOTES:

1. *Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.*
2. *This policy will be reviewed in the light of new evidence or guidance from NICE.*