NHS

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

Policy Recommendation 65: Nanoparticle albumin bound (*nab*™) paclitaxel (Abraxane®) in the management of metastatic breast cancer in women who have received previous treatment

Date of issue: April 2010

The Southampton, Hampshire, Isle of Wight and Portsmouth Priorities Committee has considered the evidence for the use of Nanoparticle albumin bound (*nab*™) paclitaxel (Abraxane®) in the management of metastatic breast cancer in women who have received previous treatment and recommends that it should be LOW PRIORITY, because of lack of evidence of cost effectiveness.

SUMMARY:

As many as 30% of women diagnosed with early breast cancer will progress to or relapse with locally advanced or metastatic disease. Despite important therapeutic advances, prognosis for these patients remains poor.

Nanoparticle albumin bound *(nab™)* paclitaxel (Abraxane®) is a novel solvent-free formulation of paclitaxel developed to prevent the toxicities associated with standard paclitaxel therapy. It is licensed as monotherapy for the treatment of metastatic breast cancer in patients who have failed first-line treatment for metastatic disease and for whom standard, anthracycline-containing therapy is not indicated.

In the pivotal study, *nab*-paclitaxel demonstrated improved efficacy, a favourable side effect profile and greater patient convenience compared with standard paclitaxel in metastatic breast cancer. However, the quality of life analysis showed no differences between the two arms in the trial. There are no published studies comparing the second or third line use of *nab*-paclitaxel with docetaxel or any other treatments.

Nab-paclitaxel is very expensive; its cost is about twenty times that of non-proprietary standard paclitaxel (£7400 vs. £400). No fully published cost-effectiveness studies for *nab*-paclitaxel as second line treatment were identified.

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.*