Olaparib
(ovarian cancer; first-line maintenance)

Benefit assessment according to §35a SGB V[1]
(expiry of the decision)

EXTRACT

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IQWiG thanks the medical and scientific advisor for his contribution to the dossier assessment. However, the advisor was not involved in the actual preparation of the dossier assessment. The responsibility for the contents of the dossier assessment lies solely with IQWiG.

Patient and family involvement

No feedback was received in the framework of the present dossier assessment.

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Part I: Benefit assessment

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[2] Table numbers start with “2” as numbering follows that of the full dossier assessment.

I List of abbreviations

Abbreviation	Meaning
ACT	appropriate comparator therapy
BRCA	breast cancer susceptibility gene
G-BA	Gemeinsamer Bundesausschuss (Federal Joint Committee)
IQWiG	Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen (Institute for Quality and Efficiency in Health Care)
RCT	randomized controlled trial
SGB	Sozialgesetzbuch (Social Code Book)

I 1 Executive summary of the benefit assessment

Background

In accordance with §35a Social Code Book (SGB) V, the Federal Joint Committee (G-BA) commissioned the Institute for Quality and Efficiency in Health Care (IQWiG) to assess the benefit of the drug olaparib. The assessment is based on a dossier compiled by the pharmaceutical company (hereinafter referred to as the "company"). The dossier was sent to IQWiG on 3 April 2023.

The company had already submitted a dossier for a previous benefit assessment of the drug to be assessed. In this procedure, the G-BA had issued a time limit of the validity of its decision until 1 April 2024 because the data of the data cut-off of the SOLO1 study available at the time were not very informative for overall survival.

After the company had informed the G-BA that current results of the SOLO1 study on overall survival had become available due to an additional data cut-off, the original time limit for the validity of the decision was shortened to 1 April 2023 to enable the inclusion of these results for the reassessment of the drug according to §35a SGB V in a timely manner.

Research question

The aim of the present report is the assessment of olaparib as maintenance treatment in comparison with niraparib as appropriate comparator therapy (ACT) in adult patients with advanced breast cancer susceptibility gene (BRCA)1/2-mutated high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer who are in response (complete or partial) following completion of first-line platinum-based chemotherapy.

The research question presented in Table 2 results from the ACT specified by the G-BA.

Table 2: Research question of the benefit assessment of olaparib

Therapeutic indication	**ACT[a]**
Maintenance treatment of adult patients with advanced[b] BRCA1/2-mutated[c] high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer who are in response (complete or partial) following completion of first-line platinum-based chemotherapy	Niraparib
a. Presented is the ACT specified by the G-BA. b. FIGO stages III and IV. c. Germline and/or somatic. ACT: appropriate comparator therapy; BRCA: breast cancer susceptibility gene; FIGO: Fédération Internationale de Gynécologie et d'Obstétrique; G-BA: Federal Joint Committee	

The company deviated from the G-BA's specification of the ACT and determined watchful waiting or niraparib as comparator therapy.

In its argumentation, the company referred to the consultation on the first assessment of olaparib in the present therapeutic indication held on 14 March 2019, and to the justification of the decision on the shortened time limit from 19 January 2023. However, the G-BA changed the ACT on 28 March 2023 and specified niraparib as ACT. The company was informed about this change in a consultation meeting on 29 March 2023. The present benefit assessment is conducted in comparison with the ACT specified by the G-BA.

The assessment is conducted by means of patient-relevant outcomes on the basis of the data provided by the company in the dossier. Randomized controlled trials (RCTs) are used for the derivation of the added benefit.

Results

No relevant study was identified for assessing the added benefit of olaparib in comparison with the ACT.

The SOLO1 study presented by the company is a double-blind RCT comparing olaparib with placebo in the present therapeutic indication. Due to the lack of comparison with the ACT niraparib, the SOLO1 study is not suitable for assessing the added benefit of olaparib.

Results on added benefit

Since no relevant study is available for the benefit assessment, there is no hint of an added benefit of olaparib in comparison with the ACT; an added benefit is therefore not proven.

Probability and extent of added benefit, patient groups with therapeutically important added benefit[3]

Table 3 shows a summary of the probability and extent of added benefit of olaparib.

[3] On the basis of the scientific data analysed, IQWiG draws conclusions on the (added) benefit or harm of an intervention for each patient-relevant outcome. Depending on the number of studies analysed, the certainty of their results, and the direction and statistical significance of treatment effects, conclusions on the probability of (added) benefit or harm are graded into 4 categories: (1) “proof”, (2) “indication”, (3) “hint”, or (4) none of the first 3 categories applies (i.e., no data available or conclusions 1 to 3 cannot be drawn from the available data). The extent of added benefit or harm is graded into 3 categories: (1) major, (2) considerable, (3) minor (in addition, 3 further categories may apply: non-quantifiable extent of added benefit, added benefit not proven, or less benefit). For further details see [1,2].

Table 3: Olaparib – probability and extent of added benefit

Therapeutic indication	**ACT[a]**	**Probability and extent of added benefit**
Maintenance treatment of adult patients with advanced[b] BRCA1/2-mutated[c] high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer who are in response (complete or partial) following completion of first-line platinum-based chemotherapy	Niraparib	Added benefit not proven
a. Presented is the ACT specified by the G-BA. b. FIGO stages III and IV. c. Germline and/or somatic. ACT: appropriate comparator therapy; BRCA: breast cancer susceptibility gene; FIGO: Fédération Internationale de Gynécologie et d'Obstétrique; G-BA: Federal Joint Committee		

The G-BA decides on the added benefit.

I 2 Research question

The aim of the present report is the assessment as maintenance treatment in comparison with niraparib as ACT in adult patients with advanced BRCA1/2-mutated high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer who are in response (complete or partial) following completion of first-line platinum-based chemotherapy.

The research question presented in Table 4 results from the ACT specified by the G-BA.

Table 4: Research question of the benefit assessment of olaparib

Therapeutic indication	**ACT[a]**
Maintenance treatment of adult patients with advanced[b] BRCA1/2-mutated[c] high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer who are in response (complete or partial) following completion of first-line platinum-based chemotherapy	Niraparib
a. Presented is the ACT specified by the G-BA. b. FIGO stages III and IV. c. Germline and/or somatic. ACT: appropriate comparator therapy; BRCA: breast cancer susceptibility gene; FIGO: Fédération Internationale de Gynécologie et d'Obstétrique; G-BA: Federal Joint Committee	

The company deviated from the G-BA's specification of the ACT and determined watchful waiting or niraparib as comparator therapy.

In its argumentation, the company referred to the consultation on the first assessment of olaparib in the present therapeutic indication held on 14 March 2019, where watchful waiting was specified as ACT [3], and to the justification of the decision on the shortened time limit from 19 January 2023, where the submission of the results of a new data cut-off of the SOLO1 study already used for the assessment was requested [4]. However, the G-BA changed the ACT on 28 March 2023 and specified niraparib as ACT. The company was informed about this change in a consultation meeting on 29 March 2023. The present benefit assessment is conducted in comparison with the ACT specified by the G-BA.

The assessment is conducted by means of patient-relevant outcomes on the basis of the data provided by the company in the dossier. RCTs are used for the derivation of the added benefit. This concurs with the company's inclusion criteria.

I 3 Information retrieval and study pool

The study pool of the assessment was compiled on the basis of the following information:

Sources of the company in the dossier:

- study list on olaparib (status: 10 January 2023)
- bibliographical literature search on olaparib (last search on 10 January 2023)
- search in trial registries/trial results databases for studies on olaparib (last search on 10 January 2023)
- search on the G-BA website for olaparib (last search on 9 January 2023)

To check the completeness of the study pool:

- search in trial registries for studies on olaparib (last search on 19 April 2023); for search strategies, see I Appendix A of the full dossier assessment

No relevant study for the comparison of olaparib with niraparib as ACT was identified from the check.

This differs from the assessment of the company, which, contrary to the G-BA's specification of the ACT, conducted the assessment in comparison with watchful waiting, using the results of the SOLO1 study [5,6].

The SOLO1 study is a double-blind RCT comparing olaparib with placebo in the present therapeutic indication. Due to the lack of comparison with the ACT niraparib, the SOLO1 study is not suitable for assessing the added benefit of olaparib.

I 4 Results on added benefit

No suitable data are available for the assessment of olaparib as maintenance treatment in comparison with niraparib as ACT in adult patients with advanced (FIGO stages III and IV) BRCA1/2-mutated (germline and/or somatic) high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer who are in response (complete or partial) following completion of first-line platinum-based chemotherapy. This results in no hint of added benefit of olaparib in comparison with the ACT; an added benefit is therefore not proven.

I 5 Probability and extent of added benefit

Table 5 summarizes the result of the assessment of added benefit of olaparib in comparison with the ACT.

Table 5: Olaparib – probability and extent of added benefit

Therapeutic indication	**ACT[a]**	**Probability and extent of added benefit**
Maintenance treatment of adult patients with advanced[b] BRCA1/2-mutated[c] high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer who are in response (complete or partial) following completion of first-line platinum-based chemotherapy	Niraparib	Added benefit not proven

a. Presented is the ACT specified by the G-BA.
b. FIGO stages III and IV.
c. Germline and/or somatic.

ACT: appropriate comparator therapy; BRCA: breast cancer susceptibility gene; FIGO: Fédération Internationale de Gynécologie et d'Obstétrique; G-BA: Federal Joint Committee

The assessment described above deviates from that of the company, which derived an indication of major added benefit in the present therapeutic indication.

The G-BA decides on the added benefit.

I 6 References for English extract

Please see full dossier assessment for full reference list.

The reference list contains citations provided by the company in which bibliographical information may be missing.

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The full report (German version) is published under https://www.iqwig.de/en/projects/a23-32.html.