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| **Supplementary Table S1. NICE HTA assessment of pazopanib** |
| **General information** |
| Indication | Pazopanib is indicated for the first-line treatment of advanced renal cell carcinoma (RCC) and for patients who have received prior cytokine therapy for advanced disease |
| Manufacturer | GlaxoSmithKline |
| Type of HTA | Single Technology Appraisal—STA (NICE TA 215) |
| Final Guidance (date) | Recommended (February 2011) |
| Appraisal Committee | Appraisal Committee C |
| Evidence Review/Assessment Group | Aberdeen HTA group |
| **Clinical effectiveness—treatment-naive subpopulation** |
| Trial comparator | Best supportive care (BSC) |
| Sample size (experimental/control) | N = 233 (155/78) |
| Study efficacy outcomes | Primary endpoint: PFSSecondary endpoint: OS |
| Median PFS | Pazopanib: 11.1 monthsBSC: 2.8 months (Δ = 8.3 months)* HR = 0.40 (95% CI 0.27–0.60)
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| OS—interim (ITT analysis) | Pazopanib: NRBSC: NR (Δ = NA)* HR = 0.74 (95% CI 0.47–1.15)
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| BSC = best supportive care; CI = confidence interval; HR = hazard ratio; HTA = health technology assessment; TT = intent to treat; NA = not available; NR = not reported; NICE = National Institute for Health and Care Excellence; PFS = progression-free survival; OS = overall survival. |