



Effective Health Care

Bevacizumab (Avastin) for the Treatment of Metastatic Renal Cell Carcinoma

Nomination Summary Document

Results of Topic Selection Process & Next Steps

- Bevacizumab for the treatment of metastatic renal cell carcinoma was found to be addressed by a 2010 AHRQ EPC Technology Assessment (TA) titled *Report on the Evidence Regarding Off-Label Indications for Targeted Therapies used in Cancer Treatment*, which can be accessed at <http://www.cms.gov/determinationprocess/downloads/id71TA.pdf>. Given that the AHRQ TA covers this nomination, no further activity will be undertaken on this topic.

Topic Description

Nominator: Individual

Nomination Summary: The nominator questions the use of bevacizumab (Avastin) for the treatment of metastatic renal cell carcinoma and its impact on survival and patient quality of life. He uses the specific example of the trial upon which the FDA based their approval of bevacizumab for renal cell carcinoma to illustrate that an AHRQ product should compare the value of no treatment versus an anticancer intervention that provides only a progression-free survival benefit.

Population(s): Patients with metastatic renal cell carcinoma

Intervention(s): Bevacizumab (Avastin)

Comparator(s): Usual treatment without bevacizumab

Outcome(s): Overall survival and quality of life

Key Questions from Nominator:

1. For anti-cancer drugs, what is the health outcome benefit of a drug that improves progression-free survival without an overall survival benefit and without a documented quality of life benefit?

Considerations

- The topic meets EHC Program appropriateness and importance criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- The topic was found to be addressed by an AHRQ EPC Technology Assessment (TA) on targeted therapies used in cancer treatment. The TA evaluates literature through 2007 on the use of

bevacizumab for metastatic renal cell carcinoma. A scan of the literature published since 2007 revealed a limited number of studies that would be available for an update of the AHRQ TA.