

Guidance on the use of capecitabine for the treatment of locally advanced or metastatic breast cancer

National Institute for Clinical Excellence - Capecitabine Accord

1st line	Taxane + Trastuzumab + Pertuzumab	No new metastasis or relapse > 12 months after trastuzumab adjuvancy
	Vinorelbine + Trastuzumab + Pertuzumab	In case of taxane contraindication or elderly patients with risk of toxicity
	T-DM1	Relapse < 6 months after trastuzumab adjuvancy
2nd line	Hormone therapy + Trastuzumab/Lapatinib	Non-chemotherapy candidates
	T-DM1	If T-DM1 not administered in first line
	T-DM1	In brain metastasis
	Capecitabine + Lapatinib	Other situations
	Vinorelbine + Trastuzumab Capecitabine + Trastuzumab/Lapatinib Hormone therapy + Trastuzumab/Lapatinib	Excluded in hormone therapy plus hormone receptor (HR) positive patients
3rd line	Vinorelbine + Trastuzumab	If pertuzumab-trastuzumab and T-DM1 were administered in earlier lines
	Capecitabine + Lapatinib/Trastuzumab	
	T-DM1	If T-DM1 not administered in earlier lines
	Trastuzumab + Lapatinib Hormone therapy + Lapatinib/Trastuzumab	If pertuzumab-trastuzumab and T-DM1 were administered in earlier lines HR negative HR positive and hormone therapy naive

Description: -

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Allenstown (N.H. : Town) -- Appropriations and expenditures -- Periodicals.

Breast -- Cancer -- Chemotherapy. Guidance on the use of capecitabine for the treatment of locally advanced or metastatic breast cancer

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Technology appraisal -- 62 Guidance on the use of capecitabine for the treatment of locally advanced or metastatic breast cancer

Notes: Cover title.

This edition was published in 2003



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Tags: #Eribulin #for #Treating #Locally #Advanced #or #Metastatic #Breast #Cancer #After #One #Chemotherapy #Regimen: #An #Evidence #Review #Group #Perspective #of #a #NICE #Single #Technology #Appraisal

RESILIENCE: Phase III Randomized, Double

Risk of infection Not having enough white blood cells can increase the risk of getting an infection. Guide to the methods of technology appraisal 2013.

RESILIENCE: Phase III Randomized, Double

This summary has not been externally reviewed by PharmacoEconomics- Open.

NICE recommends new treatment for breast and bowel cancer

Model Validation The methodological approach to economic modelling adopted by the manufacturer was validated by a Professor of Health Economics based at a UK university.

Pooled analysis of individual patient data from capecitabine monotherapy clinical trials in locally advanced or metastatic breast cancer

All patients in the model were initially assigned to the 'treated' health state which comprises both stable and responsive patients.

Eribulin for the treatment of locally advanced or metastatic breast cancer Clinical Practice Guidelines

Objective response rate was calculated based on the number of patients who had a Complete Response CR or a Partial Response PR. FDA-regulated Device Product: No Layout table for MeSH terms Carcinoma Breast Neoplasms Neoplasms, Glandular and Epithelial Neoplasms by Histologic Type Neoplasms Neoplasms by Site Breast Diseases Skin Diseases Capecitabine Pembrolizumab Antimetabolites, Antineoplastic Antimetabolites Molecular Mechanisms of Pharmacological Action Antineoplastic Agents Antineoplastic Agents, Immunological.

NICE recommends new treatment for breast and bowel cancer

The AC considered that the greatest uncertainty surrounded the question of why there was an increase in OS but not in PFS for eribulin versus capecitabine in this subgroup.

Eribulin for Treating Locally Advanced or Metastatic Breast Cancer After One Chemotherapy Regimen: An Evidence Review Group Perspective of a NICE Single Technology Appraisal

Given the large number of protocol violations of major inclusion and exclusion criteria, the ERG considers that the approach to study monitoring was not adequate with respect to ensuring that patients met eligibility criteria. This NGC summary was completed by ECRI Institute on July 18, 2012.

Eribulin for Treating Locally Advanced or Metastatic Breast Cancer After One Chemotherapy Regimen: An Evidence Review Group Perspective of a NICE Single Technology Appraisal

Second, the AC considered utility values. To evaluate the median progression-free survival median PFS for participants receiving pembrolizumab with capecitabine for the treatment of locally advanced or metastatic triple negative breast cancer TNBC and hormone-refractory metastatic breast cancer MBC. The company also modelled PFS using the K-M data from Study 301 for each treatment arm separately.

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