

**NHS ENGLAND SPECIALISED SERVICES**  
**CLINICAL PANEL REPORT**

Date: March 2022

Intervention: Dabrafenib and trametinib

Indication: BRAF-mutated anaplastic thyroid cancer for all ages

URN: 2110

Gateway: 2, Round 1

Programme: Cancer

CRG: Chemotherapy

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**Information provided to the Panel**

Evidence Review completed by Solutions for Public Health

Policy Proposition

Evidence to Decision Making Summary

Patient Impact Report

Equality and Health Inequalities Assessment (EHIA) Report

Clinical Priorities Advisory Group (CPAG) Summary report

Policy Working Group Appendix

Blueteq® Form

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This Policy Proposition recommends the combination treatment of dabrafenib and trametinib. Dabrafenib is a BRAF-kinase inhibitor and is used as a targeted therapy against BRAF-mutated cancers. Trametinib is a protein kinase inhibitor against the enzymes MEK-1 and MEK-2 and is used in combination with dabrafenib in the treatment of BRAF-mutated cancers.

Clinical Panel members were presented with the evidence base supporting this proposition which consisted of four papers: three case series and a single arm phase II clinical trial – all small group studies.

The key finding from the studies was the improvement in survival. Median overall survival exceeded the minimally important clinical difference of 3 months and high survival rates at 6 and 12 months after treatment supported this finding

Panel noted that in the small case series by Wang et al 2019, all 6 patients who had inoperable tumours successfully underwent complete surgical resection following treatment with dabrafenib and trametinib. No comparative studies were found that met the inclusion criteria so no conclusions could be drawn comparing dabrafenib and trametinib to best supportive care or palliative treatment.

Clinical Panel debated the evidence and the size of the studies.

Having considered the proposition, the Panel decided not to make a referral to the Cancer Drugs Fund, as was suggested as an option, but progress through the normal policy development route based on the available evidence.

The Panel agreed that the flow diagram should be simplified. The information regarding presentation with thyroid cancer should be removed and start at the point of anaplastic cancer diagnosis.

No cost effectiveness evidence was found.

EHIA – no additional comments received.

Patient Impact Report – no additional comments received.

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### **Recommendation**

Clinical Panel recommends to progress as a routine commissioning position.

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### **Why the panel made these recommendations**

Clinical Panel members agreed this treatment may improve patient prognosis and survival by rendering inoperable cancers amenable to resection that could be curative.

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### **Documentation amendments required**

Policy Proposition:

- Simplify the flow diagram and remove the preliminary introduction.
  - Flow diagram – rephrase 'inoperable' to 'operable'
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Declarations of Interest of Panel Members: None

Panel Chair: James Palmer, Medical Director, Specialised Services

### **Post panel note**

The amendments requested by the Clinical Panel have been made.