

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Single Technology Appraisal (STA)

Abiraterone for the treatment of metastatic castration resistant prostate cancer following previous cytotoxic therapy

Thank you for agreeing to give us your views on the technology and the way it should be used in the NHS.

Patients and patient advocates can provide a unique perspective on the technology, which is not typically available from the published literature.

To help you give your views, we have provided a template. The questions are there as prompts to guide you. You do not have to answer every question. Please do not exceed the 8-page limit.

About you

Your name: [REDACTED]

Name of your organisation: Prostate Cancer Support Federation

Are you (tick all that apply):

- a patient with the condition for which NICE is considering this technology? ✓
- a carer of a patient with the condition for which NICE is considering this technology?
- an employee of a patient organisation that represents patients with the condition for which NICE is considering the technology? If so, give your position in the organisation where appropriate (e.g. policy officer, trustee, member, etc)
- other? (please specify)

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What do patients and/or carers consider to be the advantages and disadvantages of the technology for the condition?

1. Advantages

(a) Please list the specific aspect(s) of the condition that you expect the technology to help with. For each aspect you list please describe, if possible, what difference you expect the technology to make.

A) Extend life expectancy for castration resistant chemo failed prostate cancer patients. Stop men dying when chemo has failed.

B) arrest any further reduction in quality of life that had started before Abiraterone became available.

(b) Please list any short-term and/or long-term benefits that patients expect to gain from using the technology. These might include the effect of the technology on:

- the course and/or outcome of the condition ✓
- physical symptoms ✓
- pain ✓
- level of disability
- mental health ✓
- quality of life (lifestyle, work, social functioning etc.) ✓
- other quality of life issues not listed above
- other people (for example family, friends, employers) ✓
- other issues not listed above.

In the future when people have to work until 68 years of age, this drug should help make this possible for the group of men in question

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What do patients and/or carers consider to be the advantages and disadvantages of the technology for the condition? (continued)

2. Disadvantages

Please list any problems with or concerns you have about the technology.

Disadvantages might include:

- aspects of the condition that the technology cannot help with or might make worse.
- difficulties in taking or using the technology
- side effects (please describe which side effects patients might be willing to accept or tolerate and which would be difficult to accept or tolerate)
- impact on others (for example family, friends, employers)
- financial impact on the patient and/or their family (for example cost of travel needed to access the technology, or the cost of paying a carer).

The drug probably will not improve bone strength caused by many years on Hormone treatment.

The drug is taken orally at home. Unless the patient has difficulty in swallowing there will be no problems.

Side affects seem to be mild, much the same as hormone treatment. Any man in the position of needing Abiraterone will be well accustomed to all the usual side affects

3. Are there differences in opinion between patients about the usefulness or otherwise of this technology? If so, please describe them.

No

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4. Are there any groups of patients who might benefit **more** from the technology than others? Are there any groups of patients who might benefit **less** from the technology than others?

As with all cancer drugs, the stronger the patient, the better change of success. Therefore, the sooner Abiraterone is given, the better off the patient will be.

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Comparing the technology with alternative available treatments or technologies

NICE is interested in your views on how the technology compares with existing treatments for this condition in the UK.

(i) Please list any current standard practice (alternatives if any) used in the UK.
Chemotherapy.

(ii) If you think that the new technology has any **advantages** for patients over other current standard practice, please describe them. Advantages might include:

- improvement in the condition overall
- improvement in certain aspects of the condition
- ease of use (for example tablets rather than injection)
- where the technology has to be used (for example at home rather than in hospital)
- side effects (please describe nature and number of problems, frequency, duration, severity etc.)

Chemotherapy has many well known side affects including vomiting, diarrhoea, hair loss, extreme fatigue, coldness, loss of memory and confusion, loss of appetite, numbness in toes and fingers, day case hospital treatment at least six months out of my life.

(iii) If you think that the new technology has any **disadvantages** for patients compared with current standard practice, please describe them. Disadvantages might include:

- worsening of the condition overall
- worsening of specific aspects of the condition
- difficulty in use (for example injection rather than tablets)
- where the technology has to be used (for example in hospital rather than at home)
- side effects (for example nature or number of problems, how often, for how long, how severe).

None!

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Research evidence on patient or carer views of the technology

If you are familiar with the evidence base for the technology, please comment on whether patients' experience of using the technology as part of their routine NHS care reflects that observed under clinical trial conditions.

This information is not yet available

Are there any adverse effects that were not apparent in the clinical trials but have come to light since, during routine NHS care?

Not to my knowledge

Are you aware of any research carried out on patient or carer views of the condition or existing treatments that is relevant to an appraisal of this technology? If yes, please provide references to the relevant studies.

Not to my knowledge

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Availability of this technology to patients in the NHS

What key differences, if any, would it make to patients and/or carers if this technology was made available on the NHS?

Patients who would surely die will now be allowed to live

What implications would it have for patients and/or carers if the technology was **not** made available to patients on the NHS?

The current situation will continue. Death will occur when the current treatment options run out. This is the first drug of it's kind and will not only prevent death but will improve quality of life. It is proven to be well tolerated and is taken orally in tablet form at home.

Are there groups of patients that have difficulties using the technology?

No

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Equality

Are there any issues that require special attention in light of the NICE's duties to have due regard to the need to eliminate unlawful discrimination and promote equality and foster good relations between people with a characteristic protected by the equalities legislation and others?

No

Other Issues

Please include here any other issues you would like the Appraisal Committee to consider when appraising this technology.

The current treatment for castration resistant prostate cancer is chemotherapy. I do understand that at the moment this will not replace chemo. That being said, from personal experience, chemotherapy is a very hard option. The side affects are very unpleasant, it is very time consuming and inconvenient to go to hospital for treatment and has a massive detrimental impact on the life of the whole family.

Abiraterone is simple to administer, well tolerated, will greatly improve the quality of life and will reduce the death rate of 10,000 men per year from prostate cancer.