The BTOG steering committee would like to make the following comments in relation to the recent technology appraisal (erlotinib and gefitinib for treating non-small cell lung cancer that has progressed following prior chemotherapy (review of NICE technology appraisals 162 and 175).

In reference to the ACD issued 4th February 2014, clinical issues were, in the opinion of the committee, appropriately raised regarding the incidence rate of grade 3/4 febrile neutropenia as being an underestimate in relation to common practice amongst lung cancer health professionals within the United Kingdom.

At the second AC meeting (5th March 2014), having initially suggested a negative outcome, the AC altered the previous decision and issued a second ACD for consultation (28th March 2014) recommending erlotinib as an option for treating NSCLC M- disease in people for whom docetaxel is a suitable treatment.

Following a subsequent identification of an error in the economic modelling identified by the manufacturer of erlotinib, the most recent summary has stated that there was a considerable overestimate of the febrile neutropaenia rate and therefore the true cost effectiveness of erlotinib had also been overestimated.

The committee would like to point out that the appraisal committee has too readily dismissed the true clinical impact of the *Sharma et al* (see attached) publication by stating that the hospital admission rate of 41% is completely misleading in terms of the health economic modelling, as the real febrile neutropaenia rate was only 18%. In 'real world' terms there is a significant financial burden associated with hospital admissions due to chemotherapy irrespective of neutropaenic sepsis. The committee feel that the hospital admission rate in this study, whilst a solitary publication in this respect, is more realistic in terms of health economics than the febrile neutropaenia rate for docetaxel alone.

The committee would also like to identify that primary prophylaxis of febrile neutropaenia with growth factor support is not recommended by NICE.

Overall the feeling of the committee is that from a clinical perspective in the treatment of lung cancer, removal of erlotinib from this clinical indication would be a negative step, would prejudice patient choice, and remove an established treatment from patients unnecessarily in a disease group where survival in the United Kingdom remains the poorest in Europe.