Many thanks. It is not clear from the attached whether it will alter the recommendation made in the second Appraisal Committee document. It is our hope that it will not and that Erlotinib will continue to be available in second line, as at present.

In the attached, we are concerned that the Febrile Neutropenia rate, associated with Docetaxel use, is underestimated. On discussion with UK lung cancer clinicians, they estimate that this is much higher in UK clinical practice. Also, it should be noted that GCSF prophylaxis is no longer available, unlike in many of the trials discussed in this Assessment Report. Also, as previously indicated, the Docetaxel scheduling in the Tailor Study is very different from UK practice, thus complication rates differ. We do not believe that this Assessment Report represents a true picture of Febrile Neutropenia seen in UK Docetaxel practice and hope that the Appraisal Committee will consult with clinicians, to ensure this is reflected.

We look forward to receiving the outcome of the next Appraisal Committee discussion.

Best wishes,

Jesme
Sent from my BlackBerry® smartphone

Dr Jesme Fox (Mrs)
Medical Director
[redacted]

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