Royal College of Physicians

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From The Registrar
[redacted]

Meindert Boysen
Programme Director, Centre for Health Technology Evaluation
NICE
c/o TACommC@nice.org.uk

20 June 2014

Dear Mr Boysen

Re: Erlotinib and gefitinib for treating non-small-cell lung cancer that has progressed following prior chemotherapy (Review of TA162 and TA175) [ID620] - Addendum to the assessment report

The Royal College of Physicians (RCP) plays a leading role in the delivery of high quality patient care by setting standards of medical practice and promoting clinical excellence. We provide physicians in the United Kingdom and overseas with education, training and support throughout their careers. As an independent body representing over 29,000 Fellows and Members worldwide, we advise and work with government, the public, patients and other professions to improve health and healthcare.

I write on behalf of the NCRI/RCP/RCR/ACP/JCCO who collaborate to produce joint responses to NICE oncology consultations. We are grateful for the opportunity to respond and would like to make the following comments on the above consultation

Pending NICE further review of the data, it is hoped by clinicians and patient alike that the erlotinib option for second line therapy of advanced, wild-type (or unknown status due to poor tissue) EGFR NSCLC will be retained. There is no question that fitter patients who are suitable for the more toxic docetaxel option will continue to receive that. The BR21 data supported treatment with erlotinib in patients who were not suitable for further chemotherapy and in clinical practice we have seen symptomatic benefit and disease stablisation in such patients. It would be detrimental to such patients if erlotinib use were blocked.

Yours sincerely

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