To the members of the NICE Committee evaluating Tolvaptan from Terri (Theresa) Williams – Patient Expert for Tolvaptan.

On 28th May 2015, the PKD charity sent out an alert to everyone connected with the charity that the European Medicines Agency had finally agreed to license Tolvaptan in Europe. It has been such a long time coming – the ONLY drug ever created with the capacity to safely slow down cyst development in PKD patients. We patients and our families were ecstatic. At 5pm on 28th May, 2015 as a patient expert at the 1 April 2015 Tolvaptan Appraisal Hearing, I received notification from NICE that they would NOT be approving Tolvaptan for NHS use – at least that was the recommendation of the preliminary Committee hearing. Euphoria turned to utter devastation. I honestly can't put into words the despair I felt when I read the judgement. Hope was ignited and extinguished in less than 8 hours -so near after all those years but yet so far. The following week, bound by the confidentiality clause I had signed for NICE, was the second longest week of my life. ([redacted] – nothing prepares you for a body shutting down forever). My friends were congratulating me on reading the news that was being shared on Facebook and in which I had been tagged. Tolvaptan had been licensed so surely I was very happy given I trialled the drug and was so positive about the whole experience of being on it. (Everyone at work knows about my trial – I am the water bottle lady) Outwardly I was smiling and agreeing it was fantastic news – which it is – but inwardly I was a tortured soul because I knew something they didn't, we in the UK may actually be unable to use the only drug to give us years (approx. 1 year for every 3 years on the drug) of extra **normal life**. Before end stage renal failure means we are hooked up to a machine, when we mentally prepare ourselves for the donor kidney lottery and pray that whilst we wait – we don't die from kidney failure or suffer extensive injuries from strokes (which blinded my mother and paralysed her sister down the left side of her body) which means we are reliant on relatives and hospitals to give us the care we need to stay alive in a horrible twilight life.

The drug is expensive – there is no getting away from that but for me there are so many economic considerations that were not addressed because there is no empirical data available but they do exist.

Firstly – the benefit of continuing in gainful employment. It was given lip service in the decision document but let me explain what it translates into for me. At 50 years of age, I am currently at the peak of my career earning a very decent salary as an [redacted] at my [redacted]. They have told me I'm up for promotion next year. Despite being on the drug and having to adjust the way I work – I've been excelling in the workplace – That's because I'm still healthy. The drug is doing its job of slowing down the side effects of cyst development; -the pain of cysts pressing on nerves, the discomfort of carrying around heavy kidneys and liver will come because the drug is only slowing things down but we are not there yet. Yes my organs are big but so far I appear to have avoided those complications to the extent that they are debilitating. Not only am I contributing Tax and National Insurance to the Exchequer from my salary, there is the "multiplier effect" that comes with being able to continue longer in full time employment receiving significant net earnings which at my age and with my family history would soon be on the wane were it not for this drug. My earnings are currently helping my two children to cope with University

living costs, I'm spending money in the wider economy on a variety of consumer durables, weekend breaks in the UK, putting more money into my pension for a retirement I hope actually takes place. I'm healthy. I not only work, I do voluntary work with young disadvantaged teenagers. I don't need anyone to look after me yet (My dad gave up work at 50 to look after my mother – so did my uncle with my aunt). I'm not on benefits (so there is a cost saving to the exchequer). I'm able to travel for work and for pleasure. The world is still my oyster. By now my mother and aunt were slowly finding out that their homes were turning into their prisons. This is just one person's testimony to what the drug is doing for me when I compare it to my PKD relatives. We are a family who have a cluster of the females with PKD arriving at end stage renal failure at an average age of 58 (my mother died at 59, aunt at 58, second aunt successfully transplanted as she turned 58, grandad died at 62). As with most PKD patients – those ages are embedded in my brain.

Secondly, the psychological impact of knowing my normal life is being extended because I've been on Tolvaptan for so long, means I'm positive not negative about my future! This positive state of mental well-being is important for me personally and for my family (for my two kids to see me happy and positive so that they don't worry about me such that it impacts on their mental health) but is equally important in the workplace as a depressed team member pulls down the performance of an entire team. Positive mental health is now so important in our workplace that my firm runs regular Mental Health First Aid courses to help people with mental health issues and create Mental Health First aiders because the impact of negative mental health issues on team performance as well as individual performance is costing the firm a LOT of money. Big employers across the nation are doing likewise. PKD sufferers do suffer disproportionately from poor mental health (see the PKD Charity's survey) because of their feelings of helplessness – if there is nothing out there to slow things down and you are told to just wait until you need dialysis or transplant – you are not going to be Mr Positive at work when those cysts start paining you etc. Poor mental health usually accelerates poor physical health issues. This drug breaks that mould. It really is that important – physically and psychologically to PKD sufferers. It gives hope. It boosts our mental health whilst keeping our physical health better for longer.

Given I've been on the drug nearly 7 years –and I'm now 50, if I could continue on it, given our family does have a cluster age for death of 58/59, I could buy myself an extra 5 years of "normal life" before I hit end stage renal failure. My death age would move from 59 to 64! Five years is a long time to benefit from "normal life". I did an undergraduate degree and post graduate qualification in 5 years (as I'm sure many of you on the committee did), as a kid I learned to walk, talk, read, sing, learn Irish dancing and win a few medals even. Between 1964 – the year of my birth to 1969 – the Americans had managed to come up with the technology to put a man on the moon! Five extra years of a quality life and maybe longer before that new death age of 64 kicks in. Given its 14 years from now – scientists could even discover how to <u>stop</u> the cysts from getting bigger and destroying our kidneys not just slow it down? I could end up working to that new ripe old age for retirement of 67!

Reference was made in the Committee meeting by Professor Mc Veigh and reference again in the NICE Appraisal Consultation document that drinking large amounts of water could possibly come up with the same result. I drink 6-8 litres of water in the day and 2, sometimes 3 litres at night. I love my water – it's the sweetest nectar on the planet when you are on Tolvaptan. The drug gives you dry mouth and you so desperately want to drink water that you will stop immediately whatever you

are doing to drink it. Nothing is more important than the water. The drug makes you do that. Without the drug you don't get to that level of desperation to drink water without even realising you are drinking it. I was off the drug for a few weeks between Tempo ¾ and Tempo 4/4 and despite leaving pints of water all around the house, beside my computer, on the bathroom shelf above the sink, in the kitchen, beside the sofa in the living room, on my bedroom locker - at best I drank 2 litres in the day and half a litre at night (I simply didn't wake up – the drug makes you thirsty in your sleep so you have to wake up no matter how exhausted you are). Without the drug I drank almost a quarter of what I drink in a normal day whilst on Tolvaptan. That is the reality of what a human body will and will not do without this drug. I knew how important drinking the water was to me and I couldn't do it. The placebo results prove this. To get the results that Tolvaptan gets – you need to be on the drug because it is what makes you want to drink such a large volume of water.

This drug works. It's side effects are not a problem. Yes you adjust your life to live with the drug and yes -you have to be prepared when you go out travelling, shopping etc. that you have sufficient liquid with you and you know where there are toilets available. Yes your sleep is broken at night but I liken it to the massive changes in my life when I had two very young children. My sleep was broken but unlike with Tolvaptan I was not guaranteed to get back to sleep so quickly. I had to plan my trips out of the house ensuring I had nappies, SMA, bananas, LIGA, water for the babies in case they got hungry. I had to know where there were toilets for my two year old potty training son and changing rooms for the 2 month old's nappy and oh yes – a discreet place to breastfeed. Millions of people adjust to sleep deprivation and leaving the house with two young children is done with military precision carrying a bag that contains everything but the kitchen sink (not just 2 litres of water) and nobody blinks an eyelid….We are just a variation on an old theme but this drug despite its life style side effects, actually gives us the chance for a longer normal life.

I'm sorry I've taken up so much of your time but this drug – the <u>only drug</u> out there to give us a normal life for longer, is really important to us PKD patients. We have so much more to give our families and the greater community and we just need to be given the chance of getting those extra years of life. Three generations of my family have waited for this drug to be developed, people in other countries will be given it. This is a significant medical breakthrough and I beg you to reconsider your decision so that PKD sufferers in the UK can join others around the globe for the very first time in living longer normal lives.

Yours sincerely

Terri (Theresa) Williams

Patient Expert