

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

GUIDANCE EXECUTIVE (GE)

Consideration of consultation responses on review proposal

Review of TA100 Capecitabine and oxaliplatin in the adjuvant treatment of stage III (Duke's C) colon cancer

This guidance was issued in April 2006 with a review date of June 2009.

Background

At the GE meeting on 18th August it was agreed we would consult on the review plans for this guidance. A four-week consultation has been conducted with consultees and commentators and the responses are presented below.

Proposal put to consultees:	The guidance should be transferred to the static guidance list. That we consult on the proposal.
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GE is asked to consider the original proposal in the light of the comments received from consultees and commentators, together with any responses from the appraisal team. It is asked to agree on the final course of action for the review.

Recommendation post consultation:	The guidance is transferred on to the static guidance list.
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Respondent	Response to proposal	Details	Comment from Technology Appraisal
Bowel Cancer UK	No comment		Noted
National Collaborating Centre for Cancer	Agree		Noted
National Public Health Service for Wales	Agree		Noted
Royal College of Nursing	No comment		Noted
Royal College of Physicians/National Cancer Research Institute Clinical Studies Group/Royal College of Radiologists/Joint Collegiate	Agree	The original guidance disregarded the effect of non-cancer life expectancy (or age) on the benefit delivered by adjuvant chemotherapy. Consequently, (in relation to	Current guidance (TA100) recommends capecitabine (monotherapy) and oxaliplatin in combination with 5-fluorouracil and folinic acid as treatment options following surgery in people with stage III (Dukes' C) colon cancer.

Council for Oncology/Association of Cancer Physicians		oxaliplatin) it was felt the guidance encouraged over-treatment of elderly Duke's C patients and under-treatment of young Duke's C patients.	The guidance states that the choice of adjuvant treatment should be made jointly by the individual and the clinicians responsible for treatment. The guidance recommends that this decision should take into account the clinical condition of the individual. (TA100 1.1-1.2).
Roche Products (capecitabine)	Agree		Noted
Sanofi-Synthelabo (oxaliplatin)	No comment		Noted
Welsh Assembly Government	Agree		Noted

No response received from:

Consultees	Consultees contd...	Commentators (no right to submit or appeal)
<u>Manufacturers/sponsors</u> <ul style="list-style-type: none"> Actavis UK (oxaliplatin) Hospira UK Limited (oxaliplatin) Medac UK (oxaliplatin) <u>Patient/carer groups</u> <ul style="list-style-type: none"> Afiya Trust Beating Bowel Cancer Black Health Agency CANCERactive Cancer Black Care Cancer Equality Chinese National Healthy Living Centre Colostomy Association Confederation of Indian Organisations CORE - The Digestive Disorders Foundation Counsel and Care Equalities National Council 	<u>Professional groups</u> <ul style="list-style-type: none"> Association of Cancer Physicians Association of Coloproctologists of Great Britain Association of Surgeons of Great Britain and Ireland British Association for Services to the Elderly British Association of Surgical Oncology British Geriatrics Society British Oncological Association British Psychosocial Oncology Society British Society of Gastroenterology Cancer Network Pharmacists Forum Cancer Research UK Royal College of Anaesthetists Royal College of General 	<u>General</u> <ul style="list-style-type: none"> Board of Community Health Councils in Wales British National Formulary Cancer Care Cymru Department of Health, Social Services and Public Safety for Northern Ireland Medicines and Healthcare products Regulatory Agency National Association of Primary Care NHS Alliance NHS Confederation NHS Purchasing and Supply Agency NHS Quality Improvement Scotland Scottish Medicines Consortium <u>Possible comparator manufacturer(s)</u> <ul style="list-style-type: none"> Hospira UK (fluorouracil, levofolinic acid) Mayne Pharma (fluorouracil)

Consultees	Consultees contd...	Commentators (no right to submit or appeal)
<ul style="list-style-type: none"> • Helen Rollason Heal Cancer Charity • Help the Aged and Age Concern • Ia: Ileostomy and Internal Pouch Support Group • Lynn's Bowel Cancer Campaign • Macmillan Cancer Support • Maggie's Centres • Marie Curie Cancer Care • Muslim Council of Great Britain • Muslim Health Network • National Cancer Alliance • National Council for Palliative Care • Ostomy Lifestyle Centre • Pelican Cancer Foundation • South Asian Health Foundation • Specialised Healthcare Alliance • Sue Ryder Care • Teenage Cancer Trust • Tenovus Cancer Information Centre 	<p>Practitioners</p> <ul style="list-style-type: none"> • Royal College of Pathologists • Royal College of Radiologists • Royal College of Surgeons • Royal Pharmaceutical Society • Royal Society of Medicine – Intellectual Disabilities Forum • United Kingdom Clinical Pharmacy Association • United Kingdom Oncology Nursing Society <p><u>Others</u></p> <ul style="list-style-type: none"> • Department of Health • Enfield PCT • Redcar and Cleveland PCT 	<ul style="list-style-type: none"> • Medac UK (fluorouracil) • Pfizer (irinotecan hydrochloride) • Wyeth Pharmaceuticals (calcium levofolinate) <p><u>Relevant research groups</u></p> <ul style="list-style-type: none"> • Bowel & Cancer Research • Institute of Cancer Research • MRC Clinical Trials Unit • National Cancer Research Institute • National Cancer Research Network • National Institute for Health Research • Policy Research Institute on Ageing and Ethnicity (PRIAE) • Research Institute for the Care of Older People (RICE) • National Institute for Health Research

GE paper sign-off:

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5 October 2009

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