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Setting higher medical standards

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20 September 2005

Dear Ms Fuller

NICE HTA - The use of oxaliplatin and capecitabine for the adjuvant treatment of colorectal cancer - Assessment Report

The Royal College of Physicians is grateful for the opportunity to comment on the above document. We wish to make the following points.

This is a well researched and balanced review of the current position of oxaliplatin and capecitabine used as adjuvant treatment following potentially curative surgery for stage III colon cancer. The major trials involved, X-ACT, MOSAIC and NSABP C-07, used three year disease free or relapse free survival as the main end point and the results appear to be holding up with longer follow up suggesting that extrapolation to five year overall survival is justified. These trials therefore show that six months adjuvant capecitabine is at least as effective as six months bolus 5FU + folinic acid and that the addition of oxaliplatin to 5FU + folinic acid provides an additional absolute survival advantage of 5-6%. These data are now generally accepted by the oncology community particularly with the reporting of NSABP C-07 at ASCO 2005 which confirmed the activity of the oxaliplatin + 5FU/folinic acid data.

The reviewers also undertook an exhaustive economic analysis and are to be congratulated on its rigor and lucidity of presentation. Such analyses are always at the mercy of the underlying assumptions and the authors point out that the relative youth of the patients included in the trials, some ten years younger that the generality of patients, may overestimate benefits in terms of QUALYS. However, their results accord with one's sense of what the analysis might show. Thus capecitabine was found to be less expensive than 5FU/folinic acid by about £3,300 per patient while the addition of oxaliplatin increased costs by about £4000 per patient taken over a 50 year period. Both of these results were favourable in comparison to many other interventions currently available on the NHS and much less than the £20K or £30K thresholds for cost effectiveness which have been suggested previously as possible reasonable benchmarks.

Oncologists in the UK would be in agreement with the conclusions of this document which imply that both drugs should be available for use as adjuvant treatment for stage III colon cancer and by extrapolation stage III rectal cancer and high risk stage II colorectal cancer.

I trust these comments are of use.

Yours sincerely

Dr Rodney Burnham
Registrar