

Reetan Patel

Subject: FW: Technology Appraisal Docetaxel for HRPC

Sent: 26 January 2006 14:48

To: Alana Miller

Subject: Technology Appraisal Docetaxel for HRPC

Dear Alana,

Thank you for the opportunity to comment on the ACD for Docetaxel.

We agree with the Appraisal Committees preliminary recommendations on the use and prescription of the drug, as we feel that Docetaxel is an important addition to the medical arsenal against prostate cancer. Men with HRPC have a terminal condition and, though Docetaxel will not save their lives, it can extend and improve the quality of their lives remaining.

Cost effectiveness is important, but we note with concern the use of equivocal phrase "as long as the NHS is willing to pay at least £32,706 per QALY" on page 13, point 4.2.7

We will scrutinise any attempts to ration this drug which might arise as a result of this equivocation. This may have the effect of permitting some Trusts to make Docetaxel 'unavailable' because it is deemed too expensive. This does not also make it cease to exist. A choice may be denied for a group of men who, up until now, have had few choices anyway, and it goes against your clear recommendation in favour.

There may be an unintentional [and, admittedly, uncommon] discrimination against some disabled men, with an unqualified blanket application of the 60% Karnofsky rule. We agree that the cut off is largely 'reasonable' but want to flag up that a man in a wheelchair, for example, with some level of disability related to a pre existing condition e.g. spinal injury, might fall below that cut off in their pre cancer lives - and then not get treatment should they get HRPC later. This would be discrimination on the grounds of his disability, not on his likely response to treatment. He may, in all other senses, be fit. This could, I imagine, be easily adjusted in the wording.

Chris Hiley
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The Prostate Cancer Charity

Prostate Cancer Awareness



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