Addendum to Assessment Report for NICE appraisal of docetaxel for the treatment of hormone-refractory metastatic prostate cancer:

Potential impact of additional palliative benefits on cost-effectiveness estimates

In the Assessment Group model, additional palliative benefits conferred by any of the chemotherapeutic regimens (over and above the increased benefits derived from gains in survival) were not quantified. By not considering these benefits, the cost-effectiveness estimates from the Assessment Group model were considered to be potentially conservative in relation to the licensed use of docetaxel. Although it is difficult to quantify these potential palliative benefits due to the limitations noted in Assessment Group's review, an indicative sensitivity analysis was undertaken to examine the potential impact on the cost-effectiveness results presented in the main analysis. This indicative sensitivity analysis illustrates the potential impact on cost-effectiveness estimates of hypothetical improvements in quality of life associated with the use of docetaxel + prednisone (3-weekly) compared with treatment with mitoxantrone + prednisone.

As part of this sensitivity analysis, alternative scenarios were modelled based on hypothetical improvements in the quality of life (and hence utility values assigned in the model) associated with the use of docetaxel + prednisone (3-weekly) compared with treatment with mitoxantrone + prednisone. Improvements (in relative terms) of between 5-20% were modelled, assuming that these additional palliative benefits were conferred for a maximum of 1-year. The ICER based on comparison between docetaxel + prednisone (3-weekly) vs mitoxantrone + prednisone, ranged from £20,534 to £28,527 per QALY in these scenarios.

Scenario	**ICER**
0% improvement (Base-Case)	£32,706
5% improvement	£28,527
10% improvement	£25,005
15% improvement	£22,482
20% improvement	£20,354