

Bowel Cancer UK  
Health Technology Appraisal From: Emily Marschke  
Sent: 10 April 2006 19:12  
To: Maria Gibson  
Subject: FW: Health Technology Appraisal

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From: Ian Beaumont [SMTP: [REDACTED]]  
Sent: 10 April 2006 19:06:59  
To: Emily Marschke  
Cc: Neil Brookes; Susan wealthdale; Julia Kennedy; Katherine Brown  
Subject: Health Technology Appraisal  
Auto forwarded by a Rule

Emily,

This email relates to Bowel Cancer UK's response to the Health Technology Appraisal (HTA) for Bevacizumab and Cetuximab. My apologies that it's a couple of hours late. Another crazy day at the coal face.

As you know, Bowel Cancer UK put in a very comprehensive submission to NICE re these treatments - including our contribution; 12 patient case studies and the clinical contribution from leading oncologists we spoke about last week, which was endorsed by the Royal College of Physicians. I haven't really got anything to add to that, except to say...

All we would ask is that NICE looks at the significant benefits of Bevacizumab and Cetuximab on real patients - patients like [REDACTED] who was given an extra five months of life as a result of being given Cetuximab; patients like [REDACTED] who had to fight through the media to get Bevacizumab and whose liver metastases shrank by 4 centimetres as a result of being treated with it (and who no had side effects from the drug); patients like [REDACTED] who says "I would be dead if Cetuximab had not been available to me" and patients like [REDACTED], whose tumours reduced by over 50% and two liver lesions disappeared completely after his first session of Bevacizumab.

And then consider the sad case of [REDACTED], who at 26 years old was repeatedly misdiagnosed, whose cancer spread to her liver in the meantime, and who is now seeking to raise the money to pay for Bevacizumab privately because her PCT won't give it to her. Here's her website [www.tamarbailey.co.uk](http://www.tamarbailey.co.uk)

Patients like [REDACTED] - denied access to the treatments that can help them - are becoming more not less common in this country. We've just done a survey of advanced CRC patients which showed that only 16% were getting a choice of NICE approved treatments like Oxaliplatin and Irinotecan.

Patients should be combating the disease, not bureaucracy. Please make these medically proven, highly effective drugs available to patients so that they don't have to do what Tamar is having to do. It would mean a lot to a great many people.

Many thanks.

Ian

Ian Beaumont  
Director of Press, PR and Public Affairs  
Bowel Cancer UK: the new name for Colon Cancer Concern (CCC)

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**Bowel Cancer UK**

**Bowel cancer is the second most common cause of cancer death in the UK.**

**We are a voluntary organisation relying on donations to fund our work. visit the website for further information.**

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