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National Institute for Health and Clinical Excellence

**Health Technology Appraisal**  
**Bevacizumab and cetuximab for the treatment of metastatic colorectal cancer**

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Comments provided by Andrea Burgess (Nurse Clinician)

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**Introduction**

With a membership of over 380,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. The RCN promotes patient and nursing interests on a wide range of issues by working closely with Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

**Comments on the Assessment Report**

Thank you for the opportunity to comment on the Assessment Report of the above health technology appraisal. Our comments are set out under the following headings:

Interpretation of the evidence base with regard to clinical effectiveness

This systematic review considers the relevant research underpinning the use of both bevacizumab and cetuximab for the treatment of colorectal cancer. It addresses issues such as clinical and cost effectiveness, and health economics. By adopting the recommendations of Moher et al (1999) the report provides a clear, replicable,

scientific and transparent approach, with the aim of minimising bias. Advice on the project was provided by highly respected clinicians who are experienced in the use of both bevacizumab and cetuximab and who would have offered constructive comments.

The report provides a clear explanation of the mode of action of both standard drugs and the two drugs under review. It includes licensing indications, methods of administration, dosing schedules and potential side effects and toxicities. This should provide non-clinical readers with an adequate understanding of current practice. The report considers the clinical and cost effectiveness of the use of both bevacizumab and cetuximab and their relevant comparators for the treatment of colorectal cancer. It is felt that these assessments are fairly made as these drugs do not compete, but are indicated for different stages of the disease process and for different patient populations.

The report discusses the most effective method of obtaining EGFR status. However, in practice it is not always possible to obtain this due to difficulties and delays in obtaining histology and having this tested. As there is no clear relationship between the level of EGFR expression and prognosis, it may not be necessary to obtain this information prior to treatment with cetuximab in the future. The report indicates that further research should be carried out in this area.

#### Omission of any relevant evidence

The search strategy was robust and the authors provided details of the searches undertaken, together with results of the quality assessment process and methodological quality of included studies. We do not feel that any relevant evidence was omitted from this report.

### Current clinical practice

For instance, the current clinical practice in the Greater Manchester and Cheshire Cancer Network is that patients with metastatic colorectal cancer are treated as first line with either oxaliplatin or irinotecan with modified deGramont (or Capecitabine). Upon progression of the disease there is a crossover to the other drug. Bevacuzimab and Cetuximab are currently not prescribed out of the context of clinical trials. Results of ongoing clinical trials are awaited.

### Views on the economic model

The economic model has been expertly produced by The School of Health and Related Research (SchARR) and we would be guided by their opinion.

**References**

Moher D, Cook DJ, Eastwood S, Olkin I, Rennie D, Stroup DF. Improving the quality of reports of meta-analyses of randomised controlled trials: the Quorum Statement. Lancet. 1999; 354 1896-1900