

Dr Susanna Lawrence
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3rd November 2006

By email: reetan.patel@nice.org.uk

Dear Dr Lawrence,

Final Appraisal Determination (FAD): Bevacizumab (Avastin) and Cetuximab (Erbix) for Metastatic Colorectal Cancer

We are delighted that NICE has agreed to the appeal with regard to the above treatments and look forward to having the opportunity to make the case for them at the appeal hearing on 27th November. We are writing now to respond to the specific points made in your 5th October letter.

Bevacizumab (Avastin)

The cancer doctors and patients that Bowel Cancer UK and Cancerbackup work closely with have reported very significant results when using Avastin to treat metastatic colorectal cancer (mCRC). There is, therefore, concern over the apparent disparity between NICE's decision not to prescribe Avastin on the NHS, and the reality of its successful use in patients across the country.

However, as there is no data to confirm these reports, we conclude that there are no criteria at this stage to take forward the appeal of Avastin.

Cetuximab (Erbix)

We believe that there has been some misinterpretation with regard to the drug cetuximab (Erbix) and its use in treating patients with mCRC.

Erbix is a third line treatment for mCRC, not a "second line and subsequent treatment" as incorrectly stated in the FAD. We believe that this point falls under grounds for appeal number two: "that the Institute has prepared guidance which is perverse in the light of the evidence submitted".

Just to clarify this point: many patients who contact us or visit our websites have received 5FU, leucovorin and oxaliplatin and/or irinotecan based regimens (e.g. FOLFOX, FOLFIRI) as first and second line treatments, and then Erbix as a third line treatment of the disease. Also, the three leading clinicians who wrote a clinical summary of the efficacy of Erbix as part of Bowel Cancer UK's submission to NICE


_____ confirmed that current clinical data supports the use of Erbix as a third line treatment, a fact mentioned extensively in the submission.

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Oncologists and patients have told us that there is no other third line treatment available, other than Erbitux. Consequently, if Erbitux is not made available to patients, it means that there is no third line treatment available to them. This, in turn, means that there are very limited options for patients in this situation, such as clinical trials of drugs with unproven efficacy, instead of a treatment with a proven benefit.

It is for these reasons that both our organisations are committed to Erbitux being made available to the patients who would benefit from it and why we are so pleased that the appeal will be heard.

Yours sincerely,



Chief Executive
Bowel Cancer UK



Chief Executive
Cancerbackup