National Institute for Health and Clinical Excellence

Health Technology Appraisal

The use of Bevacizumab and cetuximab for the treatment of metastatic colorectal cancer.

Submission provided by Andrea Burgess, Nurse Clinician

With a membership of over 390,000 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.

Thank you for the opportunity to comment on the Appraisal Consultant Document.

Evidence

The evidence appears to be a very comprehensive and thorough review of the evidence available on the use of these drugs. As well as reviewing the relevant clinical trials, the Committee have sought opinions from specialists who are experts in the management of colorectal cancer. We do not consider that any evidence has been omitted. We welcome the Committee's consideration of the technology assessment report produced by the School of Health and Related Research (ScHARR).

Clinical effectiveness

The three randomised controlled trials using bevacizumab have been analysed thoroughly when looking at the effectiveness of bevazizumab as first-line treatment for metastatic colorectal cancer and appropriate outcomes have been identified. The Appraisal Committee addressed the use of cetuximab for second-line or subsequent treatment of metastatic colorectal cancer. No studies comparing cetuximab with current standard treatments were identified. The Committee therefore looked at one randomised controlled trial and three single-arm studies. These were analysed and interpreted appropriately.

Cost effectivenss

When considering the cost effectiveness of these two drugs the Committee have considered both the manufacturer's models and additionally the assessment group developed two models for each drug. This seems a very thorough evaluation and interpretation of the evidence.

When considering the above evidence for both clinical and cost effectiveness, we consider that the Committee also took into account the technology assessment report produced by ScHARR. We would offer no further comments.

Resource impact and implications for NHS

It is accepted that when a new drug is prescribed, health care professionals have to take into account the supporting infrastructure such as sustaining increased patient through-put in clinics, pharmacy and nursing costs and all associated episodes such as in-patient admissions. These will obviously impact on the NHS resources. However, the NHS Cancer Plan (2000) pledged a commitment to improving treatment and reducing cancer mortality by providing patients with the best care and professional support by tackling inequalities in health and treatment. It would seem unethical to deny patients treatments that are more effective and which possibly could result in a longer survival time.

Provisional recommendations

The recommendations appear to be sound but it is disappointing that clinicians are not able to offer these treatments to patients who would be clinically eligible, thereby prolonging survival. It is frustrating for both patient and clinician. The review date of May 2009 seems unacceptably long although it is appreciated that further research is being carried out, we suggest that an earlier review date is considered.

Reference

1. Department of Health, 2000. The NHS Cancer plan: a plan for investment, a plan for reform. Department of Health, http://www.dh.gov.uk/assetRoot/04/01/45/13/04014513.pdf