

Reetan Patel

Subject: FW: Appraisal of carmustine implants and temozolamide for the treatment of newly diagnosed high grade lymphoma

From: Geoff Saunders [REDACTED]

Sent: 08 November 2005 10:55

To: Reetan Patel

Cc: [REDACTED]

Subject: Appraisal of carmustine implants and temozolamide for the treatment of newly diagnosed high grade lymphoma

Dear Ms Patel,

On behalf of the British Oncology Pharmacy Association, I should like to submit the following comments on 'The effectiveness and cost-effectiveness of carmustine implants and temozolamide for the treatment of newly diagnosed high grade glioma'

Clinical Effectiveness

- Concerns raised about inducing chemo resistance if these drugs are used early in the course of the disease appear to be based on comments from review articles, is there a strong evidence base for this opinion?
- Product licence for temozolamide states that it is indicated for the treatment of newly diagnosed glioblastoma multiforme concomitantly with radiotherapy and subsequently as monotherapy treatment. As there is considerable interpersonal variation between the differentiation of grade III and grade IV tumours then inclusion of a small number of grade III tumors within the temozolamide study group is valid as this reflects reality.

Cost Effectiveness

- Utility values used are based on panel's perceptions of health states rather than patients own perceptions.
- There is a perverse incentive not to offer **any** treatment if cost of maintaining patients in progression-free state is dominant
- The sensitivity analyses for both assessments demonstrate that the models are particularly sensitive to most parameters, i.e. high levels of uncertainty
- Is it possible to predict whether measurement of MGMT expression would lead to a more cost effective use of temozolamide?
- Agree -results from economic model should be treated with extreme caution given the uncertainty in the model and about key inputs.

Regards

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