

Patient/carer group or patient expert statement

Thank you for agreeing to give us your views on the technology and the way it should be used in the NHS.

Patients and patient advocates can provide a unique perspective on the technology, which is not typically available from the published literature.

To help you give your views, we have provided a template. The questions are there as prompts to guide you. You do not have to answer every question. Please do not exceed the 8-page limit.

About you

Your name: *Christine Owens*

Name of your organisation (if applicable):

The Roy Castle Lung Cancer Foundation

Are you (tick all that apply):

- a patient with the condition for which NICE is considering this technology?
- a carer of a patient with the condition for which NICE is considering this technology?
- *an employee of a patient organisation that represents patients with the condition for which NICE is considering the technology? If so, give your position in the organisation where appropriate (e.g. policy officer, trustee, member, etc)* ✓

Head of Tobacco Control

- other? (please specify)

What do patients and/or carers consider to be the advantages and disadvantages of the technology for the condition?

1. Advantages

(a) Please list the specific aspect(s) of the condition that you expect the technology to help with. For each aspect you list please describe, if possible, what difference you expect the technology to make.

This is another tool in the drive to reduce smoking prevalence in that it will help smokers quit smoking.

(b) Please list any short-term and/or long-term benefits that patients expect to gain from using the technology. These might include the effect of the technology on:

- the course and/or outcome of the condition
- physical symptoms
- pain
- level of disability
- mental health
- quality of life (lifestyle, work, social functioning etc.)
- other quality of life issues not listed above
- other people (for example family, friends, employers)
- other issues not listed above.

This technology will help smokers quit smoking without experiencing such intensive withdrawal symptoms. It will help some people who would have been unable to quit without this intervention.

What do patients and/or carers consider to be the advantages and disadvantages of the technology for the condition? (continued)

2. Disadvantages

Please list any problems with or concerns you have about the technology.

Disadvantages might include:

- aspects of the condition that the technology cannot help with or might make it worse.
- difficulties in taking or using the technology
- side effects (please describe which side effects patients might be willing to accept or tolerate and which would be difficult to accept or tolerate)
- impact on others (for example family, friends, employers)
- financial impact on the patient and/or their family (for example cost of travel needed to access the technology, or the cost of paying a carer).

This technology is not a 'magic bullet'. It is important that patients understand that they need and that they can access appropriate behavioural support along with the technology.

The side effects as stated in the clinical trials do not seem severe however it is possible that in their every day lives people are unwilling to continue if the drug makes them nauseous.

3. Are there differences in opinion between patients about the usefulness or otherwise of this technology? If so, please describe them.

Some patients like to control their quit attempt themselves and as such may not be comfortable with taking an oral medication such as this but would prefer to use nicotine replacement therapy.

4. Are there any groups of patients who might benefit **more** from the technology than others? Are there any groups of patients who might benefit **less** from the technology than others?

Unable to comment on this as the technology has only been available since December and there has not been time to make our own assessment of this – we have to rely on clinical papers.

Comparing the technology with alternative available treatments or technologies

NICE is interested in your views on how the technology compares with with existing treatments for this condition in the UK

(i) Please list any current standard practice (alternatives if any) used in the UK.

Nicotine Replacement therapy

Bupropion

(ii) If you think that the new technology has any **advantages** for patients over other current standard practice, please describe them. Advantages might include:

- improvement in the condition overall
- improvement in certain aspects of the condition
- ease of use (for example tablets rather than injection)
- where the technology has to be used (for example at home rather than in hospital)
- side effects (please describe nature and number of problems, frequency, duration, severity etc.)

Once again we are unable to comment on this other than by the reading of clinical trial papers.

It does appear, however that the side effects of this technology are less than those associated with bupropion.

Clinical trials appear to demonstrate that it compares favourable with other technologies.

(iii) If you think that the new technology has any **disadvantages** for patients compared with current standard practice, please describe them. Disadvantages might include:

- worsening of the condition overall
- worsening of specific aspects of the condition
- difficulty in use (for example injection rather than tablets)
- where the technology has to be used (for example in hospital rather than at home)
- side effects (for example nature or number of problems, how often, for how long, how severe).

Unable to comment at this point in time

Research evidence on patient or carer views of the technology

If you are familiar with the evidence base for the technology, please comment on whether patients' experience of using the technology as part of their routine NHS care reflects that observed under clinical trial conditions.

Too soon to comment

Are there any adverse effects that were not apparent in the clinical trials but have come to light since, during routine NHS care?

Too soon to comment

Are you aware of any research carried out on patient or carer views of the condition or existing treatments that is relevant to an appraisal of this technology? If yes, please provide references to the relevant studies.

No

Availability of this technology to patients in the NHS

What key differences, if any, would it make to patients and/or carers if this technology was made available on the NHS?

The availability of another technology to help people to quit smoking will increase the number of people successfully quitting smoking.

What implications would it have for patients and/or carers if the technology was **not** made available to patients on the NHS?

This would reduce the number of people quitting smoking and could potentially reduce the number of low income smokers successfully quitting as these are the people who have been shown to most need additional support to quit.

Are there groups of patients that have difficulties using the technology?

Other Issues

Please include here any other issues you would like the Appraisal Committee to consider when appraising this technology.

Approval of this technology should refer to the need for behavioural support to be given alongside the treatment.

Additional Information April 2007

My teams in the field have now been working with people using Champix for several months now.

These are the additional observations that I can make:

Side effects reported by not very many people those that are reported include:

- Increased appetite
- Nausea
- Disturbed sleep
- Headaches

** All of which are also considered side effects of actually quitting smoking ie withdrawal symptoms*

- One woman reported suffering from constant itching
- Two ladies reported swollen glands and violent sickness

PRESCRIBING ISSUES

- Staff reported that quite a lot of GPs are reluctant to prescribe.
- They also reported incorrect prescribing – giving starter packs when maintenance packs were needed or visa versa.
- Medicines Management in PCTs we work with are keen for it to be used as a second line treatment – they say because it is a new drug and it's safety is unproven but we suspect that it is because of cost as opposed to cost effectiveness.

CLIENT EXPERIENCES

- Still reports of many people looking for the 'wonder drug' as seen on Richard and Judy!
- Staff reported that the clients still need motivation to quit with this drug

- Most people using Varenacline have asked for it – either due to PR or hearing of other people using it.

SUCCESS

- Initial signs are that the success of clients on Varenacline is similar to those on NRT, however in the main it is only prescribed to those who have already tried to quit using NRT and have failed – so not actually a fair comparison.

**I hope to be able to provide the data behind this statement on Wednesday.*