From: Elizabeth Sawicka
Sent: 04 December 2006 11:03
To: Christopher Feinmann
Subject: Single Technology Appraisals - Erlotinib and Pemetrexed
Re: Single Technology Appraisals
Pemetrexed and Erlotinib for the Treatment of Non-Small Cell Lung Cancer Appraisal Consultation Documents

Thank you for sending me the documents and asking me to comment on the evaluation report, as the representative of the British Thoracic Society. I would like to comment on the appraisals together.

The Appraisal Committee assessment of the cost of the use of pemetrexed, suggests that it is not a cost effective treatment compared to docetaxel as second line treatment for advanced lung cancer, however many clinicians find that neutropaenia is a problem with docetaxel as second-line treatment and leads to significant rates of hospitalization for febrile neutropaenia. Others are using growth factors routinely to prevent these complications. If the cost of these were to be included in the calculation, the cost of pemetrexed would be more favourable. The numbers of patients with lung cancer suitable for second line treatment is small, less than 10% of all patients with non-small cell lung cancer.

With regard to erlotinib, it is unfortunate that the manufacturer concentrated their submission on the use of erlotinib compared to docetaxel as second line treatment, and did not provide the committee with data on the cost effectiveness on the use of the drug when docetaxel cannot be tolerated or is contra-indicated as a second line treatment, or as a third line treatment. Clinicians believe that erlotinib has an important place here, and would agree with the views of the Committee that further information should be sought from the manufacturers, and would hope that this could lead to a positive judgement from the appraisal committee. Many clinicians believe that although the trials to date have not provided conclusive evidence for targeting treatment to specific sub-groups, data is rapidly becoming available which will provide this information in the near future and feel that there is enough clinical experience in expanded access programmes, that they would accept a judgement that the drug could only be used in a limited sub-group of patients.

If pemetrexed and erlotinib are both rejected by NICE, as not cost effective treatments, there will be nothing to offer patients who could benefit from alternative second or third line treatment, and the sub-group of patients that all clinicians have seen with exceptional responses will be deprived of treatment. Were the Committee to decide that, at this time following submission of the proposed request for further evidence from the manufacturer's, they could not recommend the use of erlotinib in patients with advanced non-small cell lung cancer, given the rapidity with which data on sub-group analysis and selection of patients through receptor status etc is being accrued, I do not believe that further review could be left for the standard period of three years.

LIZ SAWICKA, on behalf of the British Thoracic Society

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