Comments on the Appraisal Consultation Document from The Roy Castle Lung Cancer Foundation, for consideration by NICE, in their Review of Pemetrexed (Alimta) for Non Small Cell Lung Cancer (nsclc).

Background

The Roy Castle Lung Cancer Foundation has contact with patients/carers through its UK wide network of 28 monthly Lung Cancer Patient Support Groups and its Lung Cancer Information Helpline. The Helpline receives around 200 calls each month. With few currently available treatment options and overall survival of only 7%, this is a patient population which places considerable importance on access to new anti-cancer medicines.

Question 1 - Has all of the relevant evidence been taken into account?

The Foundation is not in the position of being able to carry out systematic reviews of the scientific literature and is unable to make comment on this.

Question 2 – Are the summaries of clinical and cost effectiveness reasonable interpretations of the evidence and the views on the impact to the NHS appropriate?

The obvious benefits of this drug over Docetaxel are in the side effect profile. For Pemetrexed, there is less potentially fatal neutropenia and considerably less alopecia. Both of these are of considerable importance in this group of patients (especially hair loss in women), who have such a short prognosis.

There would, of course, be a small group of patients who have had an allergic reaction to Docetaxel, for whom there is currently no further NICE approved active anti-cancer agents. Pemetrexed would be important in this small group and without NICE Guidance to support this, past experience shows that it would not otherwise be made available in the NHS.

Cost effectiveness – The Foundation does not have access to health economic specialists. However, the massive discrepancy between the cost figures tabled by the manufacturer and those calculated by the report evaluators, causes considerable concern. We are aware that very small deviations in assumptions can skew calculation results massively. As a patient group, we would be concerned if the Appraisal Committee decision were made on this basis alone.

Impact on the NHS – The number of patients who would be suitable for this treatment would be relatively small. These patients would be on this treatment for a very short period (weeks to months), Thus, the overall cost to the NHS of recommending this drug,

would be very small. The benefit to this patient population, of having an additional treatment option, would be great. This does not appear to be reflected in the ACD.

Question 3 – Are these provisional recommendations sound and a suitable basis for preparing NHS guidance?

We would like to bring to the Appraisal Committee's attention, the conclusions of the attached, recently published paper [Bedano et al, Salvage Therapy in Patients with Advanced nsclc. Journal of Thoracic Oncology 2006,1:582 – 587]. This review of the role of second line chemotherapy in the management of advanced nsclc concludes that "*For smokers who have benefited from first-line chemotherapy and are maintaining a PS 0 and 1, a trial of Pemetrexed is reasonable*". This differs somewhat from the conclusion reached in the ACD.

As active treatment options are so limited in advanced nsclc and as outcomes remain so poor, the availability of new choices, offer a glimmer of 'hope' for patients. We do not consider that this ACD reflects the desperate nature of this patient population.

In Conclusion

Pemetrexed offers new hope and an alternative for this desperate group of patients. We urge the Appraisal Committee to take this into account.

J.Baird, Medical Director,
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