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Pemetrexed for the treatment of non-small-cell lung cancer

Cancerbackup welcomes the opportunity to contribute to the appraisal of pemetrexed (Alimta) for the treatment of non-small-cell lung cancer (NSCLC).

As the leading specialist provider of independent information on all types of cancer, Cancerbackup has regular contact with people living with NSCLC and those caring for them. Cancerbackup receives over 2,800 telephone enquiries about lung cancer each year and almost 94,000 visitors to our website pages on lung cancer.

Cancerbackup believes that everyone with cancer should be offered the most effective and appropriate treatment for them, based on the available evidence and the patient's own wishes and preferences. We believe that:

- Patients should have access to the most effective treatments appropriate to them as individuals;
- Patients should be able to choose – in partnership with their oncologist – the treatment that is likely to suit them best in terms of relative benefits and side-effects;
- The impact of treatments on patient's quality of life, as well as length of life, should be given full consideration by the Appraisal Committee.

Pemetrexed

Around 37,127 people are diagnosed with lung cancer in the UK each year¹. Lung cancer is a devastating disease with poor survival expectations; just 6% of people with lung cancer survive for five years after diagnosis².

Pemetrexed offers new hope for people with lung cancer, who would benefit greatly from improved quality of life in the last few months of their lives. Toxicity with pemetrexed is considered to be mild. For patients with very few treatment options available to them, this is a hugely important consideration and can enable people with lung cancer to carry out every day activities and lead a more active life.

¹ CancerStats Report, Cancer Research UK

² Ibid.

Cancerbackup is disappointed that the ACD does not recommend the use of pemetrexed for the treatment of non-small-cell lung cancer and urges the Appraisal Committee to reconsider this decision, and to approve the technology for use in the NHS for the following reasons:

1. Pemetrexed can improve patients' quality of life

The clinicians who advise Cancerbackup's work tell us that pemetrexed is considered to be better tolerated than comparable treatments.

A phase II trial of pemetrexed in patients with stage II or IV NSCLC gave 59 patients a median of four cycles of pemetrexed³. The trial showed that while grade 3 or 4 neutropenia (an abnormally low number of immature white blood cells, which ordinarily help fight infection) was seen in 25 patients (42%), only two patients (3%) developed grade 3 infection.

A phase II study looked at 79 patients with NSCLC who had progressive disease within 3 months after first-line chemotherapy or progression while being treated with first-line chemotherapy⁴. Toxicity was found to be mild, with grade 4 granulocytopenia (a low level of granular white blood cells, which ordinarily help fight infection) seen in 15 patients (19%), and grade 4 thrombocytopenia (a low level of platelets, which help the blood to clot) in four patients (5%). Clinical toxicity occurred infrequently with grade 3 rash, infection, nausea, vomiting, fatigue and pulmonary toxicity (lung damage – either short term or permanent) in four (1.6%), one (0.4%), one (0.4%), two (0.8%), four (1.6%) and one (0.4%) cycles, respectively.

These are important considerations for patients who, with stage III or IV NSCLC, have limited treatment options which can both improve survival outcomes and improve their quality of life.

2. Pemetrexed can lengthen survival for people with NSCLC

A controlled, unblinded trial of people with locally advanced or metastatic NSCLC who had received prior chemotherapy randomised 571 patients to receive either pemetrexed or docetaxel. The median survival times were 8.3 months in the pemetrexed arm and 7.9 months in the docetaxel arm⁵.

Pemetrexed offers an important additional treatment option, with the ability to lengthen for people with NSCLC whose treatment options are few.

³ S J Clarke, R Abratt, L Goedhals, M J Boyer, M J Millward, S P Ackland, 'Phase II trial of pemetrexed disodium (Alimta) in chemotherapy-naïve patients with advanced non-small-cell lung cancer', *Annals of Oncology* 13: 737-41, 2002

⁴ E F Smit, K Mattson, J von Pawel, C Manegold, S Clarke and P E Postmus, 'Alimta (pemetrexed disodium) as second-line treatment of non-small-cell lung cancer: a phase II study', *Annals of Oncology* 14: 455-460, 2003

⁵ Martin H cohen, John R Johnson, Yong-Cheng Wang, Rajeshwari Sridhara, Richard Pazdur, 'FDA Drug Approval Summary: Pemetrexed for Injection (Alimta) for the Treatment of Non-Small Cell Lung Cancer', *The Oncologist* 2005; 10: 363-368

Declaration of interest

Cancerbackup has received sponsorship for several publications and projects from Eli Lilly, the manufacturer of pemetrexed.

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