

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

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

Response to comments from the website on the Appraisal Consultation Document (ACD)

Web comment	Section	Comment	Response
NHS Professional 1	Consideration of the evidence	The committee does not appear to have considered that the rate of neutropenia and more importantly febrile neutropenia was lower with Pemetrexed compared to Docetaxel 1.9% versus 12.7% p<0.001. As febrile neutropenia usually results in inpatient treatment, with obvious costs to the NHS and inconvenience to the patient, this should be taken into account in any comparison of cost effectiveness	<p>The Committee decision was based on a consideration of the effectiveness and cost effectiveness of pemetrexed which included consideration of all relevant costs including those associated with febrile neutropenia.</p> <p>The Committee considered the costs of febrile neutropenia (See FAD Section 4.9)</p> <p>For both legal and bioethical reasons those undertaking technology appraisals and developing clinical guidelines must take account of economic considerations” (Social Value Judgements - Principles for the development of NICE guidance; principle 5)</p>
NHS Professional 1	Related guidance	The committee"s view on Pemetrexed is inconsistent, in principle, with the guidance on the first line treatment of Non Small cell Lung cancer. In this they recommend a ""third generation drug in combination with Cisplatin or Carboplatin"". The evidence to support this recommendation is lacking in that there is no	Comment noted. The Committee considered the cost-effectiveness of pemetrexed compared to docetaxel and concluded that it could not be recommended for the treatment of locally advanced or metastatic non-small-cell lung cancer.

		<p>consistent evidence to support the benefit of a third generation drug over "older" drugs such as Mitomycin or Iphosphamide in combination with a platinum agent in terms of survival, though there is some evidence for improved toxicity. The new generation drugs are in excess two orders of magnitude more expensive than older drugs and therefore, for consistency, a cost effectiveness analysis should have been carried out for this recommendation to be justified.</p>	
Carer 1	Discussion	<p>My Father [name removed] was diagnosed with Mesothelioma in February 2005. He had been exposed in railway workshops through no fault of his own to asbestos for most of his working life. They were never provided with any form of protection. This is a man made cancer caused only through negligence and the government had known since the 1930"s that asbestos caused fatal illness. Alimta is the ONLY licenced drug to treat mesothelioma in this country. My Father was offered Vinorelbine and told that it had an 8% chance of tumour shrinkage, Alimta on the other hand has a tumour response rate of 40-45% even if it does not give this response there are significant benefits including less breathlessness, less coughing and all round better quality of life. I am fully aware that this is not a cure, but I have seen first hand the benefits in other people treated with Alimta. My Father died ten months after diagnosis he was refused Alimta, he was suffocated by a tumour that encased his left lung, pushed his heart well out of</p>	<p>Comment noted. These comments relate to the appraisal: Pemetrexed disodium for the treatment of mesothelioma http://www.nice.org.uk/page.aspx?o=207007.</p>

		position, completely restricted his right lung and penetrated through the abdominal wall to his bowel. All this was unnecessary and could have been prevented. These victims need help, they suffer silently and we won't let this happen any more. You can not imagine how devastating this disease is. all cancer is terrible but man made cancer with a profile as low as this is appalling. I raise money every year in the Race for Life for Cancer Research UK and I am afraid that if this restriction of cancer drugs continues that the manufacturers will no longer wish to research for cures for diseases such as this. Alimta is used in Scotland, Australia, Europe and the US, surely you can see the benefits. Please reconsider [name removed]	
NHS Professional 2	Appraisal Committee's preliminary recommendations	The Appraisal Committee was dismissive of the real patient benefits with pemetrexed compared with docetaxel, significantly less neutropaenic fever and resulting hospitalisation (not addressed),less hair loss (not a problem) no mention of neuropathy ,diarrhoea ,longer treatment times .All of which are of the greatest importance to the patient.	The toxicity profile and rates of alopecia were considered by the Committee (see FAD section 4.3 & 4.4) The cost effectiveness analysis took into account other adverse events such as diarrhoea (see table 4.1 pg 19 of the ERG report) http://www.nice.org.uk/page.aspx?o=383541
NHS Professional 2	The technology	Wastage should be minimal in good departments	Comment noted
NHS Professional 2	The manufacturer's submission	The 1.8 Million figure illustrates the flaws in NICE methodology. Treatment cost for pemetrexed is said to be 8,000 and is 3,800 for docetaxel. NICE methodology plays up the difference and discriminates against the older patient with	Comment noted. The committee considered relative costs and effects. Although individual choice is important for the NHS and its

		shorter mean survivals	users, they should not have the consequence of promoting the use of interventions that are not clinically and/or cost effective” (Social Value Judgements - Principles for the development of NICE guidance; principle 5)
NHS Professional 2	Consideration of the evidence	The higher rates of neutropaenia 40% vs.5% ,febrile neutropaenia results in docetaxel dose omissions reductions and increased hospitalisation,All of which upsets vulnerable patients and produces more logistic problems in busy departments.The hair loss is not trivial maintaining dignity particuarly in childrens presence is very important. Diarrhoea neutopathy are more frequent with docetaxel The infusion time with pemetrexed is 10 minutes against an hour or more with docetaxel and with more unpleasant premedication	The Committee noted the differences in the toxicity profiles of the two drugs when formulating its recommendations. The Committee acknowledged that hair loss can be distressing, but concluded that the higher rate of alopecia would not normally preclude consideration of a particular chemotherapy regimen
NHS Professional 2	Implementation	Who was responsible for the change in NICE methodology which seemed to happen in 2004/2005?	The Single Technology Appraisal process was adopted to issue guidance for technologies with single indications in a streamlined process. This process was adopted after discussion with the Department of Health and following public consultation.