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JDCA/RF

4th May 2007

Mr Reetan Patel,
Project Manager,
71 High Holborn,
London WC1V 6NA

Dear Mr Reetan,

Re: Health Technology Appraisal – Bortezomib mono-therapy for relapsed multiple myeloma

Thank you for asking me to supply a statement detailing my response to the request made by the Appeal Panel in terms of the three scenarios. The first of these is the use of Bortezomib for patients at first relapse. The second is for patients at first relapse and when the treatment ceases after three cycles if patients fail to respond. The third scenario is for patients at first relapse and when treatment ceases after three cycles if patients fail to respond and when there is reimbursement for patients who fail to respond.

To recap, and as is stated in the final appraisal determination from October 2006, the APEX Clinical Trial has demonstrated that Bortezomib is superior to pulsed Dexamethasone, an appropriate standard of care comparator. This is the largest published randomised controlled Phase 3 Trial in relapsed multiple myeloma. Clearly, it is universally accepted that Bortezomib is an effective treatment for patients with relapsed multiple myeloma. The issue therefore revolves around whether Bortezomib is deemed to be cost effective for the NHS in this setting. In particular, the bottom line is the cost per QALY. It is important to recall that the calculations for cost effectiveness were made from the APEX data comparing Bortezomib with Dexamethasone alone. As is widely known, two thirds of the patients treated on the Dexamethasone arm subsequently received Bortezomib. To my knowledge, no attempt has been made to factor in the improved survival that would have resulted in the Dexamethasone arm as a result of this, nor indeed was the increased cost associated with Bortezomib therapy taken into consideration.

Therefore, my opinion is that any such cost effective analyses are inherently flawed and inevitably exaggerate the excess cost of Bortezomib therapy.

However, acknowledging that such cost effective analyses are difficult to perform, we have been asked to consider the three scenarios outlined above. Only patients at first relapse are to be considered candidates for Bortezomib therapy on the basis of these prior cost effectiveness analyses. Of the three scenarios, the use of Bortezomib in patients at first relapse with a four cycle stopping rule plus a reimbursement policy achieves a calculated cost per QALY of £28,000. Scenarios two and one are associated with a cost per QALY of £33,000 and £38,000 respectively. Therefore, with the additional innovation of the VRS and a stopping rule, the cost per QALY falls well within the accepted range for approval for NHS use.

Therefore there no longer appears to be any potential for disagreement that Bortezomib should be approved for NHS use, albeit in the scenario outlined above.

Yours sincerely,

Dr. Jamie D. Cavenagh MD FRCP FRCPath
Consultant (Hon. Senior Lecturer) in Haematology