

APPRAISAL OF PEMETREXED DISODIUM FOR THE TREATMENT OF

MALIGNANT MESOTHELIOMA

PERSONAL STATEMENT - BELL

I qualified as a registered nurse in 1986.

In 1989 I qualified as a District Nurse and worked in Leeds and Harrogate.

In 1995 I became a Macmillan Palliative Care Nurse and developed a special interest in lung cancer and mesothelioma and am currently practising as a Macmillan Lung Nurse Specialist. Throughout this time I have supported patients and their families affected by mesothelioma.

I am an active member of the Yorkshire Cancer Network Thoracic and Lung Cancer Nurses Group. I am also a committee member of the National Lung Cancer Forum for Nurses.

PROFESSIONAL REPRESENTATION & MEMBERSHIP

Royal College of Nursing Member

British Thoracic Oncology Group Member

British Thoracic Society Member

National Lung Cancer Forum for Nurses - Regional Group Co-ordinator and Committee Member

Department of Health Lung Cancer and Mesothelioma Advisory Group – Awareness & Early Diagnosis Sub Group - Nurse Representative

National Cancer Research Network (QUARTZ) - Trial Management Group Member

Working Group to consider the Development of Further Measures for Lung Cancer - Nurse Representative

PEMETREXED

There is a huge variation in the treatment offered to patients with malignant pleural Mesothelioma (MPM). This variation is not usually due to appropriateness of treatment based on the patient's performance status, age, other health problems, and disease stage and cell type. Unfortunately the lack of evidence regarding treatment results in greater variation in the opinion of specialists and perhaps an increased amount of nihilism in non-specialists. Patients and their carers are caught in the middle of all this uncertainty and yet are expected to contribute to pivotal decisions regarding their treatment.

I am not qualified to comment on the benefits or otherwise of pemetrexed. However anything that contributes to the body of evidence and adds clarity to the options available for treating patients with MPM is beneficial.

I understand from oncology colleagues that whilst it is difficult to decide whether pemetrexed is any better than other agents in treating MPM it would appear to be better tolerated with patients experiencing less toxicity. Given the limited life expectancy and severe symptoms often associated with Mesothelioma anything that can potentially enhance or prevent a greater deterioration in quality of life irrespective of the cost is worth consideration.

Currently I am aware of several patients across the UK who are battling to access pemetrexed locally. Whilst some have been successful locally, others travel a great distance to access it in another part of the country where it can be prescribed.

Most patients, if indeed offered treatment, settle for therapies not licensed for MPM and associated with increased side effects, whilst some go so far as seeking out, and funding themselves, alternative remedies around the country and the world. Patients with MPM are already victims of our industrial heritage given that their disease, in a majority of circumstances, has resulted from exposure to asbestos. Refusing access to a licensed medication that has been suggested as a treatment by their oncologist and patients opt to have it, adds greatly to the burden of their disease and reinforces their status as a victim.