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Dr Carole Longson
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Dear Carole Longson,

Pemetrexed disodium for the treatment of malignant pleural mesothelioma

Cancerbackup recently received NICE's Appraisal Consultation Document for pemetrexed disodium (Alimta) for the treatment of malignant pleural mesothelioma. I write now with our comments relating to this appraisal.

The preliminary recommendations state that this technology is recommended only for use as part of ongoing or new clinical trials that compare it with current best practice or other treatments. This decision will effectively mean that the technology remains unavailable to the vast majority of people with mesothelioma.

In a phase III study, median survival time was at 12.1 months for pemetrexed and cisplatin, compared to 9.3 months for cisplatin alone. This was a statistically significant difference amongst mesothelioma patients, who currently have very few treatment options available to them[1]. The majority of oncologists in the developed world caring for these patients are already prescribing pemetrexed on the basis of existing evidence. I am concerned, therefore, that patients in the UK will not have access to this important treatment which is available to patients in other countries.

It remains the case that pemetrexed is available to patients receiving treatment privately for mesothelioma, but the treatment will not now be offered to NHS patients. This situation will be desperately disappointing for people with mesothelioma, their families and their oncologists. People with mesothelioma are already a relatively disadvantaged group of patients, few of whom will be able to pay for their own treatment.

I hope that NICE will reconsider its initial decision not to recommend this technology for use in the NHS and that the needs of people with mesothelioma will be fully considered at the next appraisal committee meeting.

Yours sincerely

[redacted]

Chief Executive

[1] Journal of Clinical Oncology, Vol 21, No 14 (July 15), 2003: pp 2636-2644