HEALTH TECHNOLOGY APPRAISAL: **"Pemetrexed for the treatment of malignant pleural mesothelioma"** **Assessment Report**	
To: NICE	**FROM: NHS Quality Improvement Scotland**

The above document was read and considered according to the guidelines and instructions detailed in the document "Processing of Technology Appraisal Guidance published by the National Institute for Clinical excellence"

1. The assessment was detailed fully and comprehensively in the introduction, authored by Liverpool Reviews and Implementation Group

2. There is clinical input (albeit limited) into the assessment. The summary is succinct and useful. The background section describes the management environment for the disease. The statement in the last paragraph of section 2.1.7 "Treatment Options", that MVP is a commonly used regimen in patients who do receive chemotherapy is erroneous when applied to the health service in Scotland. This regimen is popular in the Royal Marsden Hospital, where the authors worked. There is no standard chemotherapy regimen for MPM in Scotland. Active Symptom Control (ASC) is the standard of care in Scotland.

3. The detailed review of the clinical evidence is comprehensive as is the economic review. It is disappointing that the company were not more forthcoming when the reviewers asked for Individual Patient Data from the one clinical trial which is suitable for analysis within the NICE criteria. The phase II data as largely irrelevant. The economic review explains the panels decision not to consider one of the economic models submitted by Eli Lilly relevant to phase II trials.

4. Current service provision for patients in Scotland suffering from MPM is no different from that in England and Wales.

5. The efficacy data is entirely confined to improvement in median survival. The Weibull modelling is extremely helpful in exposing the survival differences in selected patient groups namely those with advanced disease and good performance status. Thus the overall review suggests that although not economically viable in the conventional sense, pemetrexed sodium and cisplatin fullfills an unmet need for patients with MPM. It would only be cost effective in MPM patients with advanced disease with good performance status (ICER/QALY £36,700). The estimate of overall cost to England and Wales would thus be less than £5m. Scotland will have 1/10th of that number of patients so the cost would be approximately £500,000 to implement this treatment as standard in Scotland.

6. The concern about the threat of approval to the completion of the NCRN MESO-1 trial is irrelevant as it is almost complete.

7. I would point out that Scottish Medicines Consortium has already approved pemetrexed and cisplatin for the treatment of MPM. Perhaps we should pay heed to the analysis done here and refine the indication to "MPM with performance status 0-1, advanced disease"

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