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Dear Mr. Feinmann,

I attach a meta analysis of current RCC treatments which I would like to draw to the attention of the NICE team. For a patient representative this analysis presents a compelling case for the clinical efficacy of all the drugs under review but also raises key questions :

1. Sunitinib is rated as the most clinically effective treatment but all of the drugs are deemed to be clinically effective . The availability of Temsirolimus to those patients with poor prognosis is deemed to be very important

2. Current NICE guidance has led to some confusion about first and second line treatments in relation to previous treatments by interferon -Alpha and clinical trials . We need a clear statement of the circumstances when the prescribing of Sunitinib will be recommended

3. It would seem perverse to only allow one drug --Sunitinb -- for RCC patients . The other drugs should be at the discretion of the prescibing clinician matching the individual characteristics of that patient . One size does not fit all and clinicians should not have only 1 bullet in their gun.

4. The NICE guidance does not allow for the probability that combination therapies of these drugs are the gold standard treatments of the very near future. The NICE team need to consider their response to this obvious opportunity

5 The analysis references the concern of the authors that the NICE cost benefit analysis is so dominant in the debate about drug availability that cost concerns drastically limit patient access to the best and most modern treatments

I would like you to accept this submission as my response to the latest NICE guidance

Regards

Bill Savage