KIDNEY CANCER UK

SUBMISSION TO NICE

HEALTH TECHNOLOGY APPRAISAL

BEVACIZUMAB, SORAFENIB, SUNITINIB AND TEMSIROLIMUS

Some comments on the additional analyses for consultation, issued by NICE 29 October

We have three points to make.

First, we would like to reiterate the argument made in our two earlier submissions that the comparisons with interferon, a drug that has been available since the 1970s, is long out-of-patent and, since 1980, has been manufactured at very low cost using bacterial cultures, means that differences in drug acquisition costs are unusually wide at the present time. It might be expected that, in the fullness of time, the costs of the new drugs will fall just as interferon's has. But it is troubling that in the meantime incremental analysis of differences between interferon and the new drugs might serve to hold back the march of progress in this area.

Second, the calculation of ICERs is producing results which appear all over the place. For instance, in the comparisons between sunitinib and interferon, ICERs per QALY range from £28 546 all the way up to £104 715. Even just within Pfizer's calculations, the ICERs range from £28 546 to £72 003; and within those made by the DSU, using the PenTAG model, the range is from £49 304 to £104 715. Huge differences like this appear to be generated by what seem to be relatively small changes in the parameters of the underlying model. The results are anything but robust and are highly sensitive to variations in a number of factors. This does not inspire confidence in the results, especially since little is offered by way of explanation for the differences.

Third, we warmly welcome Recommendation 5 in Professor Richards' review 'Improving Access to Medicines for NHS Patients' which we note has been

endorsed by the Minister for Health. We understand this concerns drugs used near the end of life which do not meet the normal cost-effectiveness criteria. The suggestion is that these drugs might still be passed for NHS funding, even if their relevant ICERs are above the £30 000 threshold. The new drugs for kidney cancer seem eminently suitable to be treated in this way having less than 7 000 cases a year and producing a survival benefit of more than 3 months. We consider there is a strong intellectual-not to say moral-rationale for adopting this recommendation. Just like anything else the value attaching to the continuance of life increase the less life one has got left. We would expect that special treatment in this way would command a large measure of support in public opinion.