HEALTH TECHNOLOGY APPRAISAL: NICE Health Technology Appraisal - Appraisal Consultation Document (ACD) On Bevacizumab, sorafenib, sunitinib and temsirolimus for renal cell carcinoma	
TO: NICE	**FROM: NHS Quality Improvement Scotland**

1. All relevant evidence appears to have been taken into account in the NICE Appraisal
   Consultation Document.

2. The interpretation of the evidence appears to have serious flaws. The Assessment Group
   has used the data from the bevacizumab trial to model progression with interferon alone. The median survival of interferon alone group in this trial is far greater than from trials in the pre-tyrosine kinase era. The Assessment Group have also not taken into account the effect of crossover in the trials which would have significantly affected the cost-effectiveness calculation. The calculations for first line sunitinib and bevacizumab are only valid if tyrosine kinase inhibitors are available second line. This represents a major flaw in the reasoning used by the Assessment Group.

3. For the reasons listed in section 2, I think the interpretation of the evidence by the Assessment Committee has been seriously flawed and are not sound enough to form a suitable basis for guidance for the NHS.

[redacted]
29 August 2008

Reviewer 1.

1. Whether you consider that all the relevant evidence has been taken into account.

The evidence presented appears to have been taken into account. There has been mention in the media of additional evidence which has not been taken into account – I trust the comments will be fed to NICE.

2. Whether you consider that the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence.

The summaries from the evidence provided appear reasonable.

3. Whether you consider that the provisional recommendations of the Appraisal Committee are sound and constitute a suitable basis for the preparation of guidance to the NHS.

The recommendations are in line with current Scottish advice from the SMC.

29 August 2008