NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE SPECIAL HEALTH AUTHORITY

Health Technology Appraisal

Appraisal of drugs for the treatment of advanced and/or metastatic Renal Cell Carcinoma (RCC): bevacizumab, sorafenib, sunitinib and temsirolimus:

Report to the Appraisal Committee summarising patient and public comments (received by letter and email) on the Appraisal Consultation Document (ACD)

1 Executive summary

In total 307 people responded to the consultation on the draft guidance relating to the appraisal of bevacizumab, sorafenib, sunitinib and temsirolimus for the treatment of advanced and/or metastatic Renal Cell Carcinoma (RCC), (149 were letters and 158 were emails). This figure does not include the web comments that were received from the public which will be included in the comments received from the web in a separate document. All the emails and letters received were read and the key themes were identified, coded, analysed and reported in this document.

All but three respondents disagreed with NICE's decision not to recommend that any of the drugs should be made available to patients on the NHS. Respondents argued that both research evidence and personal experience demonstrate that the drugs are clinically effective. The majority of comments on cost effectiveness were objections to with-holding treatment on the basis of cost, while a small numbers of respondents commented on the small numbers of patients (and therefore low overall cost to the NHS). People also felt that patients deserved to be treated because of contributions they had made to society as payers of tax and national insurance or through public service. And that this type of condition should be treated in favour of 'less deserving' causes such as drug users and asylum seekers.

Some respondents specifically challenged the process used by NICE, arguing that survival benefit had been under-estimated, costs of the drugs over-estimated, and arguing that the NICE process discriminates against people with rare conditions. A few respondents queried the expertise of those making NICE decisions, focusing in particular in the lack of relevant clinical expertise.

There were also a number of comments relating to equity, equality and human rights in particular the availability of drugs in other countries and the perceived breaching of human rights legislation.

2 Introduction

This report collates and summarises the public comments on NICE's draft guidance recorded in its Appraisal Consultation Document (ACD) for the appraisal of four drugs for the treatment of renal cell carcinoma. The drugs

being appraised are Bevacizumab (Avastin), Sorafenib (Nexavar), Sunitinib (Sutent) and temsirolimus (Torisel).

All emails and letters have been read by NICE, and the collated responses are included in this report. The Institute's Chief Executive also read and responded personally to a number of the letters and emails.

NICE would like to acknowledge the time and effort that members of the public put into preparing and sending comments as part of the consultation.

3 Numbers and format of comments received

In line with NICE's published process, the appraisal consultation document setting out NICE's draft recommendations was posted on NICE's website for the standard 3-week consultation period from 7th August to 29th August 2008.

In total, 307 people contributed by email or letter to the consultation on the draft guidance and the issues raised by these respondents are quantified in the attached coding sheets (appendix 1) and described in this report. Thirty-three respondents (10.8%) were from outside the UK.

NICE also received two petitions from groups in the UK, one signed by almost 4000 people (appendix 2) and the other by 30 people (appendix 3).

A sample of letters/emails received by NICE is also attached to this report (appendix 4).

4 How NICE dealt with the correspondence

All letters and emails were read and responded to by members of NICE staff.

A sample of letters and emails was read by a senior member of the Patient and Public Involvement Programme who then drew up a list of all the issues raised. Members of the communications' team then independently read the sample emails and coded the issues raised against this list as well as recording any additional themes that were not reflected in the original coding list. Following comparison of the numbers and categories of themes recorded, some minor amendments were made to the coding list which was then used to re-code the letters and email in the sample and all other emails and letters received by NICE. The coding list (appendix 1) also included space to add other issues to allow the coder to record new issues emerging that had not been raised in the sample letters. The numbers of respondents who raised each issue is also shown on the coding sheet.

5 Main themes of comments received

All but three (1%) of the respondents objected to NICE's decision to deny patients access to these four treatments on the NHS. Objections to NICE's decision focused on four main issues:

- the clinical effectiveness of one or more of the drugs being appraised
- costs or cost effectiveness
- the nature or implementation of the NICE process
- issues relating to equity, equality and human rights

Each of these themes is explored in more detail in individual sections below. Quotes from individual letters and emails have also been presented to illustrate the issues raised.

6 Exploration of key themes

6.1 Comments on clinical effectiveness

Comments on clinical effectiveness focused on the lack of alternative treatment options, research evidence supporting the clinical effectiveness of one or more of the drugs, and experience of personal benefit from taking the drugs:

- Ninety one respondents (29.6%) argued that patient access to the drugs should take into account the lack of, or limited availability of, alternative treatment options

  “The disease does not respond to standard chemotherapy and radiotherapy and once metastasised has a poor prognosis. The standard immunotherapy treatment has a low response rate and has serious and debilitating side effects as with my husband.”

  “It is recognized that these are the only drugs proven to extend the lives of those suffering from the disease and as such are critical to each patient.”

  “There are not that many Renal Cancer Patients and this drug is one of the few treatment options they have available.”

- Several respondents said that patients should be able to access one or more of the drugs because there was good research evidence that they are clinically effective. Forty seven respondents did not name the drug(s) while the numbers of respondents who specifically mentioned evidence of the clinical effectiveness of any drug by name were:

  - Sunitinib (Sutent) was mentioned by 14 respondents (4.6%), some of whom made reference to identified research sources:

    “Dr. Robert Figlin at the City of Hope has been quoted as saying that the progression free period on Sutent is now 26 months”

    "Sunitinib versus Interferon Alfa in Metastatic Renal-Cell Carcinoma", Robert Motzer et al, New England Journal of Medicine, 356: 115-124, 2007, which speaks of 11 vs 5 month median progression-free survival in sunitinib vs interferon alfa”

- Sorafenib (Nexavar) mentioned by seven respondents (2.3%)
- Temsirolimus (Torisel) mentioned by four respondents (1.3%)
- Bevacizumab (Avastin), mentioned by two respondents (0.7%)

- Many respondents also reported personal experience of benefit from the drugs.
  - Eleven respondents did not name the drug(s) they had benefited from

"I personally know of someone who received these drugs and so far has enjoyed over 2 years of life that would not have otherwise been available to him. This was not only important to him but to his young family."

  - Personal benefit of sunitinib (Sutent) was mentioned by 64 respondents (20.9%)

"I am a reasonably fit and healthy 56 year old, still working in the NHS as an Accident and emergency sister. I have just gone back to work as I am doing so well."

"Over 12 months it shrank all 4 tumours to non-existence."

"Sutent 50mg started 12/06, 75% shrinkage of lymph node within 6 months of treatment, continued stabilization to date."

"I know one patient who has been taking Sutent for five years."

  - Sorafenib (Nexavar) was mentioned by eight respondents (2.6%)

"This drug has totally stabilised my condition. In fact my secondary tumours have all decreased and significantly shrunk within this period. This treatment has so far prolonged my life by some THREE AND HALF YEARS."

  - Temsirolimus (Torisel) was mentioned by three respondents (1%)

"My father has kidney cancer and was lucky enough to get funding for Sutent.It worked for 11 months.He his now taking Torisel. If it were not for these drugs he would be dead. "

  - Bevacizumab (Avastin) was mentioned by one respondent (0.3%

"My sister was diagnosed with kidney cancer in October of 2002. One year later she developed metastases to her liver. She lives in the United Sates, California, and has been treated with a variety of drugs, including Nexavar, Sutent and Avastin. At the time of her diagnosis, statistically, she had a 5% chance of being alive 5 years later. It is now almost 6 years, and thanks to the drugs, she is still here. She is on a holiday right now and doing well."

- Three respondents commented on the benefits that can be obtained from sequential use of the drugs

  “It has also been shown that the drugs are effective when used sequentially: when one drug stops working therapy with another drug may extend the period of progression free survival still further.”

  “It’s possible to go from one drug to another and to extend lives by years. Please don’t tell people with kidney cancer that their lives are not worth investing in.”

- One hundred and fifty-two respondents (49.5%) argued that the drugs should be offered to patients because they extend survival and 109 respondents (35.5%) recorded the impact of the drugs on improving quality of life.

  “even just a few months extended to someones life could give more beautiful moments more precious than any sum of money could buy.”

  “We all hope that the drugs will keep us all alive long enough to see a cure for kidney cancer.”

  “It may be "just six months" to a complete stranger to you, but these drugs mean a return to better health for six months and an expansion of the patients' lives of far longer than the actual six months.”

  “Since my nephrectomy in Feb of 2006 I watched my son marry a beautiful young lady, I walked my daughter down the aisle to wed a great young man, I celebrated my 60th birthday, I celebrated my 37th and 38th wedding anniversary with the greatest lady in the world.”

  “These new technologies offer the only real hope of clinical stability, improved quality of life and an extension of life.”

6.2 Comments on costs/cost effectiveness

Respondents made a number of different observations about costs:

- Fifty three respondents (17.3%) said that treatment should be provided to patients with renal cell carcinoma regardless of cost

  “There is NOTHING more precious than a human life, and anything that can be done to extend it is more than worth the time and money.”

  “There's nothing I wouldn't pay--nor nothing I wouldn't expect that state-sponsored health programs pay--to extend the comfortable life of my father, who is a victim of this miserable disease.”

"As a hospital governor I am aware of the need for cost effectiveness – cost savings can be found in numerous other ways without the unwarranted removal of life saving drugs which will directly cause premature death of numerous individuals"

"You say it is apparently not 'cost effective' to prolong mRCC patients lives. Yet they are given interferon – which is recognized not to be clinically effective in this type of cancer (15%)…. A complete waste of money but also total madness."

- Twenty (6.5%) felt that treatment should be offered to people who had contributed to society in various ways, for example, as tax payers, NHS or other public sector employees and war veterans

  "Now you are refusing treatment to decent people like a London Fire Officer who became ill in the course of duty and the toxicity gave him terminal cancer"

- Thirty-two respondents (10.4%) felt that the NICE decision was unfair when treatments are recommended or made available to people seen as less deserving (for example drug users, asylum seekers)

  "How much does it cost a year for 1 asylum seeker, How much does it cost a drug addict on methadone. How much does it cost to give n alcoholic a liver transplant. How much does it/will it cost to fight this very hard to treat cancer? You people have very tough decision to make. But to give kidney cancer sufferers no hope at all is inhumane."

Some respondents commented on the relatively small numbers of patients involved:

- Twelve respondents (3.9%) felt that funding should be provided because the *overall* cost to the NHS is small

- Eight respondents (2.6%) felt that not funding the drugs would result in the pharmaceutical industry not funding research into drugs for rare conditions

- Six respondents (2%) felt that industry should reduce the price of the drugs

  "We do need to push for reduced prices from the drug manufacturers, I agree with that. But, under no circumstances should people be cut off from the drugs they need to keep them alive."

6.3 Comments on the NICE process

Some respondents specifically challenged the process used by NICE to interpret the evidence:

- Eleven respondents (3.6%) said that NICE had under-estimated the survival benefit of using the drugs

  "the recent statement made by NICE on the Today Programme on radio 4 that these drugs only extend life by a few weeks is a blatant lie! I know of patients who are now in their 3rd year on the drug."

- Thirteen respondents (4.2%) said that the NICE process discriminates against people with rare conditions

  "Kidney cancer is a relatively rare cancer and affects only 2-3% of all cancer diagnoses in the UK, Of this number only 25% wil present with advanced disease. Therefore your decision places all RCC patients at an immediate disadvantage by suffering from a less common cancer with limited treatment options ..you are therefore discriminating against them."

- Ten respondents (3.3%) said that NICE had over-estimated the costs of the drugs

  "I am puzzled by the costs you quote as Pfizer, the manufacturer of Sutent quote £28,000 for a years treatment."

- Eleven respondents (3.6%) said that the decision had been made by people who were not informed or who were not appropriately qualified

  "Why don't you listen to what the Dr's who are working with kidney cancer patients every day have to say, these are the people with the expertise."

  "You do not do your own research, and you allow the drug companies to supply dodgy research information or refuse to give you any data at all, which few of your reviewers have the knowledge tor experience to assess. That is not to say they are ignorant, just that their specialisms are not engaged in the assessment of drugs for other specialisms. "

- One respondent said that NICE had not given sufficient consideration to subgroups

6.4 Equity, equality and human rights

A number of respondents raised issues relating to equity or challenged the NICE decision within the context of human rights legislation:

- Sixteen respondents (5.2%) commented on the inequity between those who can and cannot afford private treatment.

- One hundred and four respondents (33.9%) challenged the fact that NICE was restricting use of treatments when such restrictions did not apply to patients in other countries in Europe and in the United States.

  "If Sutent, together with Avastin, Nexavar and Torisel are cost effective to, and presently available in Europe why should they not be available in England and Wales?"

  "it would appear that by denying effective therapies to NHS patients that are available to citizens of other countries, the British government places less value on the lives of its citizens than other governments do on theirs"

- Twenty respondents (6.5%) argued that the decision contravened human rights legislation (right to life and/or right to private and family life) with some querying its legality

  "It is against a person's human rights to refuse them life saving or life preserving treatment/drugs – no matter what the cost."

- One hundred and six respondents (34.5%) stated that the decision was inhumane or immoral

  "I expect you are all well meaning people, but this recommendation, and the reasons given for it, appear quite wicked."

  "it is morally wrong to withhold treatments that can make a difference on the grounds of cost alone."

  "To leave [my husband] in a position with no hope to get the treatment he needs, as your decision will have for all mRCC patients, 6000 in the UK, is cruel and in human."

  "I was always taught that God was to make that decision.....not the government or any other person."

- Two respondents (0.7%) argued that the decision was an example of discrimination against disability and/or other equalities

  "Although renal cancer affects only 2-3% of all cancer diagnoses in the UK and only 25% of these patients will present with the advanced disease, this should not place this minority group of people at a disadvantage. Indeed, to do so could be construed as actively discriminating against them."

Patient and Public Involvement Programme
Enquiry Handling Team
Technology Appraisals Team
September 2008

Appendix 1

Coding form showing numbers (percentages) of responses per category

	Categories	Total (percentage)
	General	
1	Agree with recommendations.	3 (1%)
2	Respondent from outside the UK	33 (10.8%)
	Comments on clinical effectiveness	
3	Lack of / or limited alternative treatment options	91 (21.6%)
4	Evidence of clinical effectiveness – Sunitinib/ Sutent	14 (4.6%)
5	Evidence of clinical effectiveness – Bevacizumab/ Avastin	2 (0.7%)
6	Evidence of clinical effectiveness – Sorafenib/ Nexavar	7 (2.3%)
7	Evidence of clinical effectiveness – Temsirolimus/Torisel	4 (1.3%)
8	Evidence of clinical effectiveness – drugs not specified	47 (15.3%)
9	Personal experience of benefit from - Sunitinib/ Sutent	64 (20.9%)
10	Personal benefit from - Bevacizumab/ Avastin	1 (0.3%)
11	Personal benefit from - Sorafenib/ Nexavar	8 (2.6%)
12	Personal benefit from - Temsirolimus/Torisel	3 (1%)
13	Personal benefit from - drugs not specified	11 (3.5%)
14	Treatment extends survival	152 (49.5%)
15	Treatment improves/ promotes quality of life	109 (35.5%)
	Comments on Costs/Cost effectiveness	
16	Treatment should be provided regardless of cost	53 (17.3%)
17	Total financial burden to NHS is small	12 (3.9%)
18	Decision will stop drug companies funding research into drugs for rare conditions	8 (2.6%)
19	The pharmaceutical companies should reduce the price/ revise or submit new pricing strategies.	6 (2%)
	Comment on NICE process	
20	NICE has underestimated survival benefit	11 (3.6%)
21	NICE process discriminates against people with rare conditions	13 (4.2%)
22	NICE decision made by uninformed decision makers	11 (3.6%)
23	NICE has over-estimated cost of the drugs	10 (3.3%)
	Equity, equality and human rights	
24	Inhumane/ immoral decision	106 (34.5%)
25	Drugs are funded in other countries	104 (33.9%)
26	Human rights legislation promising right to life regardless OR right to private and family life	20 (6.5%)
27	Disability or other equality discrimination.	2 (0.7%)
28	Some can afford private treatment while others can't.	16 (5.2%)
29	Unfair when treatments are funded for less deserving causes	32 (10.4%)
30	Nat Ins/tax payer/NHS, public sector worker/war veteran	20 (6.5%)
	Others	
31	NICE has not given sufficient consideration to subgroups	1 (0.3%)
32	Benefits from sequential use of drugs	3 (1%)

Appendix 2 – Petition 1

EHIC
19 AUG 20

THE FIGHT FOR LIFE CAMPAIGN
Give ALL patients the exceptionality to be treated FREE with SUTENT

Dear Professor Littlejohn

Please find enclosed almost 4.000 signatures which I collected in just under 7 weeks before you made your decision, the general public are so angry, annoyed and outraged at the way you play God with people's lives they were queuing up to sign. I fought for 13 months for my brother's treatment Sutent and with the help of Kate Spall we won it on the 31st March 2008. Regardless of the time my brother has left every second of every minute of every hour of every day is precious to us. Sutent is doing its job, my brother's latest scan has shown it has shrunk 6 cm and that is after only 3 cycles. He worked 44 years of his life to be told going into retirement he was terminally ill and all those years he has paid National Insurance was for nothing is absolutely scandalous.

You have made a terrible mistake by not allowing the four drugs as it has caused uproar with every living soul as it goes against the Hippocratic Oath and the right for each person to have the right to live.

Sutent is available throughout Europe in countries poorer than the UK so how can they afford it and not us. How can you state it costs over £70.000 a year per patient when it actually costs under £28.000 which is below your limit, so who needs to change the batteries in their calculator and work it out correctly, who needs to press the correct buttons on their keypad and who needs to go back to the drawing board and start again before the eggs spread all over their faces, Not In Control Ethically does because this is one mistake you will not get away with as too many people are suffering because of your decision and want that decision changed and give them the right to live.

Yours truly,

Appendix 3 – Petition 2 (30 signatures)

Kidney Cancer UK

Registered charity number 1089119

My name is [redacted] and I NEED your help. I have advanced kidney cancer and I am directly affected by this decision.

NICE - the National Institute for Health and Clinical Excellence - issued draft guidance about 4 kidney cancer drugs on 7th August 2008. They acknowledged the **CLINICAL EFFECTIVENESS** of these drugs but refused to authorise funding because they **COST TOO MUCH**. The drugs are:

Sutent **Nexavar** **Torisel** **Avastin**

There has been a lot of publicity in the media since this decision was made. We have until 29th August 2008 to lodge appeals to **URGE** them to reverse it.

Please write a letter directly to NICE. Please make sure that you ask for an acknowledgement and a response to the points that you make. You could also copy your letter to the media, local and National and to your own MP.

We will be delivering our letters of objection **IN PERSON** to:

NICE HQ, 71 High Holborn, London, on Wednesday 27th August 2008 at 12 noon.

National Institute for Health and Clinical Excellence
Renal cell carcinoma - appraisal consultation
MidCity Place
71 High Holborn
London, WC1V 6NA

COME AND SUPPORT US!!!

For further advice/information about what to write, or how to attend this event, please contact me ASAP:

[redacted]

James Whale Fund for Kidney Cancer

[redacted]

Appendix 4