The Royal College of Pathologists
Pathology: the science behind the cure

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Single technology appraisal (STA)

Lenalidomide for multiple myeloma in people who have received at least one prior therapy

Comments on the appraisal consultation document

i) Do you consider that all of the relevant evidence has been taken into account?

Yes. The College is very pleased indeed that the Committee , having considered the evidence of the ERG, and taking into account the price capping scheme offered by the manufacturer, and agreeing that Lenalinomide for myeloma fulfils the criteria of a life extending medicine, has recommended that Lenalinomide and dexamethasone be made available for patients with Myeloma at second relapse and beyond. As set out in our previous submissions we believe Lenalinomide to be a well tolerated , effective drug in patients with relapsed MM and we are in no doubt as to the importance of the Committee's decision and the positive impact it will have on the lives of people suffering with this disease.

ii) Do you consider that the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence, and that the preliminary views on the resource impact and implications for the NHS are appropriate?

We believe the Committee, after rigorous examination of the all evidence has made the correct decision in recommending this technology be made available.

We recognise and appreciate that the Committee has listened and agreed to feedback from our professional groups on a number of specific issues. However we note that it still expressed some doubts about the costs and disutilities for the adverse effects and anti-thrombosis prophylaxis for Lenalidomide. We wish to further reassure the committee that these doubts are unjustified as increasing clinical experience has demonstrated that side effects, such as they are, are mostly experienced early in the treatment course and lessen over time. They are very easily and cheaply managed and have proved in reality not to be the issue and challenge as they may have first appeared from the data which emerged from the trials.

We are delighted that the desperate need of patients facing certain death has been acknowledged by Government and that NICE and the Committee have acted swiftly in implementing the new advice concerning end of life medicines and agreed that Lenalidomide for Multiple myeloma at second relapse meets all the criteria for the new advice to be applied.

iii) Do 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?

We do believe the recommendations of the Appraisal Committee are sound and constitute a suitable basis for the preparation of guidance to the NHS.
In particular we feel that the capping scheme is simple and be easily to implement so the Health Service will not be faced with any hidden costs in ensuring that the manufacturer does bear the costs of Lenalinomide after 2years.
We understand it is necessary to ensure that NHS resources are used cost effectively and we wish to reassure the Committee that through our professional groups via guidelines, teaching and training, we will make every effort to ensure that the guidance is implemented responsibly so that this resource is used to deliver maximum benefit to patients.

iv) Are there any equality related issues that need special consideration that are not covered in the ACD?

We are not aware of any equality related issues that need special consideration not covered in the ACD

[redacted]