



**Single technology appraisal (STA) - Lenalidomide for multiple myeloma in people who have received at least one prior therapy - Appraisal consultation document**

Comments submitted by [REDACTED], [REDACTED] on behalf of:

NCRI/RCP/RCR/ACP/JCCO

Comments coordinated by [REDACTED] and [REDACTED]

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

Our organisation believes that the Committee has considered all the relevant evidence in coming to its conclusion that Lenalidomide for myeloma fulfils the criteria of a life extending medicine, and recommending that Lenalidomide and dexamethasone is clinically effective and should be made available for patients with relapsed/refractory myeloma.

Lenalidomide has been shown in a number of studies to be well tolerated and effective in the relapsed/refractory setting and we are in no doubt as to the impact the Committee's decision will have on the lives of patients with this disease, their family and carers.

- 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, has made the appropriate decision in balancing the cost : benefits of this new technology in recommending that Lenalidomide be made available through the NHS.

We are pleased that the Committee recognises the urgent requirement for new agents to meet the unmet need of patients with this universally fatal disease and that the Government and NICE have acted in a timely manner to implement the recently introduced "end of life" proposals in introducing this drug. Lenalidomide clearly meets all the criteria for these new proposals.

It has been the experience of those using this and other novel agents introduced over the last 12-18 months that the management of toxicity and side-effects improves significantly as familiarity with the drug increases. The highest percentage of side-effects appear to occur early in the treatment course and most are low grade and easily managed with simple dietary and medical intervention.

- 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.

The financial arrangements are robust and, in our opinion, should be relatively straightforward to implement.

We are pleased to note that the Committee has considered feedback from stakeholders. We would take this opportunity to underline the importance that Health professionals attach to Guidelines and Multi-Disciplinary meetings, which serve to ensure all patients have access to the most effective treatment and

that NHS resources are used cost effectively. We further seek 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 and delivers maximum benefit to patients and the NHS.

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

