

Patient/carer organisation statement template

Thank you for agreeing to give us your views on the technology and the way it should be used in the NHS.

Patients and patient advocates can provide a unique perspective on the technology, which is not typically available from the published literature.

To help you give your views, we have provided a template. The questions are there as prompts to guide you. You do not have to answer every question. Please do not exceed the 8-page limit.

About you

Your name: Stella Pendleton

Name of your organisation: Rarer Cancers Forum

Are you (tick all that apply):

- a patient with the condition for which NICE is considering this technology?
- a carer of a patient with the condition for which NICE is considering this technology?
- an employee of a patient organisation that represents patients with the condition for which NICE is considering the technology? If so, give your position in the organisation where appropriate (e.g. policy officer, trustee, member, etc) **X Executive Director, Rarer Cancers Forum**
- other? (please specify)

What do patients and/or carers consider to be the advantages and disadvantages of the technology for the condition?

1. Advantages

(a) Please list the specific aspect(s) of the condition that you expect the technology to help with. For each aspect you list please describe, if possible, what difference you expect the technology to make.

Compared with cisplatin monotherapy, topotecan with cisplatin has been shown to improve overall and progression free survival significantly. The addition of topotecan does not significantly reduce patients' quality of life. This technology would therefore be very welcome to patients, enabling them to live longer and enjoy the time they have left.

(b) Please list any short-term and/or long-term benefits that patients expect to gain from using the technology. These might include the effect of the technology on:

- the course and/or outcome of the condition
- physical symptoms
- pain
- level of disability
- mental health
- quality of life (lifestyle, work, social functioning etc.)
- other quality of life issues not listed above
- other people (for example family, friends, employers)
- other issues not listed above.

It would enable patients who are otherwise at the end of the road to gain some additional months, enjoying life e.g. by seeing friends and family and participating in some special occasions. These activities are also important in maximising patients' mental health.

What do patients and/or carers consider to be the advantages and disadvantages of the technology for the condition? (continued)

2. Disadvantages

Please list any problems with or concerns you have about the technology.

Disadvantages might include:

- aspects of the condition that the technology cannot help with or might make worse.
- difficulties in taking or using the technology
- side effects (please describe which side effects patients might be willing to accept or tolerate and which would be difficult to accept or tolerate)
- impact on others (for example family, friends, employers)
- financial impact on the patient and/or their family (for example cost of travel needed to access the technology, or the cost of paying a carer).

Compared with cisplatin monotherapy, the main toxicities of the combined therapy are leucopenia and neutropenia. However, as stated above the addition of topotecan does not significantly reduce patients' quality of life.

3. Are there differences in opinion between patients about the usefulness or otherwise of this technology? If so, please describe them.

4. Are there any groups of patients who might benefit **more** from the technology than others? Are there any groups of patients who might benefit **less** from the technology than others?

Comparing the technology with alternative available treatments or technologies

Appendix I – Patient/carer organisation statement template

NICE is interested in your views on how the technology compares with with existing treatments for this condition in the UK.

(i) Please list any current standard practice (alternatives if any) used in the UK.

Platinum-based chemotherapy regimens.

(ii) If you think that the new technology has any **advantages** for patients over other current standard practice, please describe them. Advantages might include:

- improvement in the condition overall
- improvement in certain aspects of the condition
- ease of use (for example tablets rather than injection)
- where the technology has to be used (for example at home rather than in hospital)
- side effects (please describe nature and number of problems, frequency, duration, severity etc.)

Significant improvement in overall and progression free survival.

(iii) If you think that the new technology has any **disadvantages** for patients compared with current standard practice, please describe them. Disadvantages might include:

- worsening of the condition overall
- worsening of specific aspects of the condition
- difficulty in use (for example injection rather than tablets)
- where the technology has to be used (for example in hospital rather than at home)
- side effects (for example nature or number of problems, how often, for how long, how severe).

Research evidence on patient or carer views of the technology

Appendix I – Patient/carer organisation statement template

If you are familiar with the evidence base for the technology, please comment on whether patients' experience of using the technology as part of their routine NHS care reflects that observed under clinical trial conditions.

Are there any adverse effects that were not apparent in the clinical trials but have come to light since, during routine NHS care?

Are you aware of any research carried out on patient or carer views of the condition or existing treatments that is relevant to an appraisal of this technology? If yes, please provide references to the relevant studies.

Availability of this technology to patients in the NHS

What key differences, if any, would it make to patients and/or carers if this technology was made available on the NHS?

Very important and beneficial to patients and carers because it offers significant improvement in overall and progression free survival without having a significant impact on side effects.

The technology is the only hope left to these patients and their carers

What implications would it have for patients and/or carers if the technology was **not** made available to patients on the NHS?

Patients would die earlier.

Are there groups of patients that have difficulties using the technology?

Other Issues

Please include here any other issues you would like the Appraisal Committee to consider when appraising this technology.

Statistics from Cancer Research UK show that “Women living in the most deprived areas have rates more than three times as high as those in the least deprived areas. A strong positive association between cervical cancer and deprivation has also been described for incidence data from Scotland¹³.

In addition a link has been demonstrated between social class and cervical cancer. Data from a longitudinal study, representing 1% of the England and Wales population, indicates that cervical cancer incidence is considerably higher among women of working age in manual than in non-manual classes¹⁴”.

It is important that people who are already disadvantaged do not have their disadvantage compounded by being unable to gain access to this life-extending technology when they need it.

Furthermore, statistics from Cancer Research UK show that there is wide variation in the incidence of cervical cancer in women living in different regions of the world. Compared with northern Europe, cervical cancer is much more common in Eastern, Southern, Western and Middle Africa; in the Caribbean; Central and South America; South Central Asia and South Eastern Asia.

It is important that migrants from these countries who develop recurrent or stage IVB cervical cancer have access to the best possible NHS care – and that should include this life-extending technology.