

# **Response to Appraisal Consultation Document on topotecan for the treatment of relapsed small-cell lung cancer**

GlaxoSmithKline

29 July 2009

Thank you for the opportunity to comment on the Appraisal Consultation Document for topotecan.

We welcome the Appraisal Committee's preliminary recommendation for oral topotecan within the NHS as monotherapy for the treatment of adult patients with relapsed small cell lung cancer (SCLC) for whom re-treatment with the first-line regimen is not considered appropriate and for whom treatment with CAV is contraindicated.

We have identified one minor inaccuracy in the ACD document which refers to the presentation of oral topotecan which is currently dispensed in capsules (not tablets).

Please find below our comments on this ACD under the specific areas highlighted in your email.

**1. Do you consider that all of the relevant evidence has been taken into account?**

*The Appraisal Committee appears to have examined the relevant evidence thoroughly and has taken counsel from clinical specialists.*

**2. 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 that the ACD summaries of clinical and cost-effectiveness are reasonable interpretation of the evidence.*

**3. 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?**

*Oral topotecan provides a clinically and cost-effective treatment in patients with relapsed SCLC who are not considered as candidates for standard intravenous therapy with CAV, and for whom best supportive care is currently the only option. We therefore believe that the provisional recommendations are appropriate and constitute*

*a suitable basis for the preparation of guidance to the NHS for this specific group of patients who otherwise have very limited treatment options in the last stages of their disease*

**4. Are there any equality related issues that may need special consideration?**

*Availability of an oral formulation for the treatment of relapsed SCLC within the NHS will benefit patients in whom IV access is difficult and who otherwise might be prejudiced by the lack of alternative formulations. Therefore oral chemotherapy constitutes a convenient alternative for patients who otherwise would receive only best supportive care.*