

<b>HEALTH TECHNOLOGY APPRAISAL: TOPOTECAN FOR THE TREATMENT OF SMALL CELL LUNG CANCER: Assessment Report</b>	
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<b>To: NICE</b>	<b>FROM: NHS Quality Improvement Scotland</b>
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No important comments on the Health Economic analysis, but 1. Throughout the comparison is with ASC not CAV. If funded (and I would suspect at £33000 per QALY it will be on recent evidence from oncology drugs) then oral topotecan will become the standard second line regimen and CAV third line, despite the likely economic advantages of CAV, simply because access to topotecan will at least initially be controlled but access to CAV is not (as has happened with docetaxel and erlotinib where most patients probably now receive both, although the original SMC decision was predicated on either/or). This would imply very careful definition of those who might receive CAV and those who will receive topotecan but I would still expect a dramatic increase in needle phobia which resolves nearer the end of life.

2. I am not sure the missing QoL data issue is easily overcome - if only 40% of data points are available I think what is left becomes fairly meaningless because of the uncertainties involved (not all the missing data can be end of life else it implies 60% of time on trial is spent dying, not a good recommendation for the drug). Hence there must be some doubt about the assumptions regarding QALYs made in the analysis.

3. I think with these numbers subgroup analyses are impossible and should be deleted.

4. I think no wastage unlikely, if only because patients will be admitted during chemotherapy cycles, or feel unwell at home, and will not take all their drugs. Moreover the small number of patients involved at any one centre makes it unlikely that extra drug can be divided between more than one patient. There is also the question of whether the current presentation of the drug remains the same if funded.

So congratulations on the analysis but possibly compromised by the limited data, and at risk of manipulation by doctors who want to treat patients after the decision.

Professor Allan Price  
12 May 2009