Bowel Cancer UK

Comments on individual sections of the ACD:	
Section 1 (Appraisal Committee's preliminary recommendations)	We disagree strongly with this preliminary recommendation. Bevacizumab is a highly Â effective treatment that is widely available throughout Europe, the USA and other parts of the world. It has helped thousands of patients live longer and feel better with advanced bowel cancer. There is overwhelming evidence for its efficacy, including in the outcomes of various trials and studies, such as PRiME, which NICE has chosen to ignore in reaching this negative verdict.
Section 2 (the technology)	Once again, NICE appears to be making a negative decision on the basis of bureaucratic principals, rather than clinical ones. The priority for NICE should be for it to fully assess the clinical efficacy of a treatment, rather than get bogged down in the ease or difficulty and cost of patient access schemes. I was frankly shocked in the NICE appraisal meeting that so much time was spent on the minuatiae of the patient access schemes and so little time spent on the treatments clinical efficacy. Once again, patients are suffering because NICE seems unable and unwilling to put people not processes first in reaching its verdicts.
Section 3 (manufacturer's submission)	NICEs negative assessment of Bevacizumabs clinical efficacy - its claim of an average of only six weeks added benefit Â - is based solely on one flawed study, completed in 2006, the NO16966 study, which stopped patients receiving Bevacizumab when the chemotherapy they were on stopped working. Subsequent studies, including the comprehensive PRiME study published at ASCO this summer, show that patients can live up to 27 months with advanced mCRC, if they stay on Bevacizumab with a second chemotherapy agent if the first chemotherapy fails, either irinotecan or oxaliplatin, with 5FU and leucovorin - the FOLFIRI and FOLFOX regimens. Once again, NICE appears to have been determined to make a negative decision and to find the "evidence" to justify doing so, rather than seek to make a positive decision and find the evidence for doing so.
Section 4 (consideration of the evidence)	It is a great shame that NICE didnt take the opportunity it was given to approve Bevacizimab for the treatment of metastatic CRC. In producing negative guidance, once again, for what is a very effective treatment, NICE has shown that it is out of tune with the mood of the times, which has been set by the Coalition Government - very much one of prioritising those most in need,

	including patients with advanced conditions. If NICE could learn to trust clinicians in its decisions it would find that the reality of approving treatments like Bevacizumab would be much less costly and time consuming than declining them. Clinicians will not give Bevacizumab to a patient if they arent going to benefit from it or tolerate it. Neither will they keep a patient on the drug if it stops working for them. If clinicians are allowed to make decisions in the best interests of their patients the system will work better for everyone and, above all, those most in need will be helped to live longer anf feel better with an advanced disease.
Section 5 (implementation)	One would hope that the soon to be introduced Interim Drugs Fund and Cancer Drugs Fund from next year, which will be allocated
Section 7 (related NICE guidance)	Nothing to add to this section
Section 8 (proposed date of review of guidance)	Three more years of injustice, unnecesary pain and reduced life expectancy for patients with advanced bowel cancer. Three more years of the UK falling further and further behind the rest of Europe in the treatment of advanced bowel cancer. Three more years of millions of pounds and hours being wasted by clinicians, their patients and organisations like ourselves trying to gain access to bevacizumab for patients who can benefit from it.
Date	«date»