

Philip,

Many thanks for giving Bowel Cancer UK the opportunity to comment on NICE's Single Technology Appraisal of Bevacizumab in combination with Oxaliplatin and either 5FU or Capecitabine for the treatment of metastatic colorectal cancer.

If I may, rather than answer your specific questions, can I make a few points with regard to your draft recommendations:

Firstly, may I reiterate what we said publically in response to the NICE announcement last month, namely that while we are disappointed by NICE's preliminary recommendations not to approve Bevacizumab in the treatment of advanced colorectal cancer, we understand that NICE, the manufacturers and the Department of Health are still in discussions to find a way to approve the drug on the NHS. We hope that these discussions are fruitful and that this highly effective treatment soon becomes available to the many bowel cancer patients who could benefit from it.

Secondly, we welcome the fact that NICE recognises the clinical efficacy of Bevacizumab in this setting, which is well proven and not in doubt. As your preliminary recommendations are therefore based solely upon cost grounds, we hope that your continuing discussions with DH and Roche will result in an agreement being reached that will enable NICE to approve the drug on the NHS, to the benefit of thousands of bowel cancer patients in the UK.

Thirdly, you will be aware that the UK is very much out of step with the rest of Europe as regards access to Bevacizumab and that the treatment is widely available in most other European countries. In view of this, and following NICE's positive guidance regarding Cetuximab first line, we hope that the Institute will come to a positive conclusion and approve this treatment as well, so that all patients who could benefit from a biological agent have the opportunity to do so.

Fourthly, can I reiterate the point that I made at the recent NICE appraisal meeting, namely that no-one, including I'm sure NICE, will wish to see a continuation of the climate of misery and inequity that patients and those who care for them have faced over the last three years in trying to gain access to Bevacizumab, after NICE refused to approve it first time around.

There is nothing more precious than life nor more natural than a person's desire to stay alive, both for themselves and for their loved ones. Consequently, there should be no place in our society for a system that treats patients in the advanced stages of bowel cancer with such disrespect and, frankly, cruelty by forcing them to make financial hardships and have to fight bureaucracy in their efforts to get this treatment, which gives them the chance to live longer and feel better when they are fighting what for many is a terminal disease.

In conclusion, let me quote our patient [REDACTED], who also took part in NICE's appraisal of Bevacizumab and is living proof of the drug's efficacy. As she said at the time of the announcement: "My feelings are obviously of disappointment. However, I hope that NICE will do their utmost to find a way to approve Bevacizumab on the NHS, so that thousands of people in England and Wales can benefit from the drug like I did, while avoiding the financial hardships and bureaucratic procedures that I and many other patients have had to endure in their efforts to get the treatment".

Best wishes, including for the Season.

[REDACTED]

[REDACTED]

Bowel Cancer UK

raising awareness, saving lives

Tel: [REDACTED]

Mobile: [REDACTED]

Address: 7 Rickett Street, London, SW6 1RU

Website: www.bowelcanceruk.org.uk

Bowel Cancer Advisory Service: 0800 8 40 35 40

Registered Charity Number: 1071038

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