Dear Kate,
Many thanks for extending the deadline for our response, which I have summarised below:

Has all of the relevant evidence been taken into account?
Yes, I am not aware of any additional evidence which is relevant.

Are the summaries of clinical and cost effectiveness reasonable interpretations of the evidence?
Yes, I concur with the approach taken by the appraisal committee with respect to cost-effectiveness. In particular, I support the accounting for waste within the final model.

The patient population considered in the Saturn trial are also broadly representative of patients in the Greater Midlands Cancer Network with respect to treatments received prior to entry into the clinical trial.

I concur with the assessment against 'end of life' criteria, and specifically with the acknowledgement of the licensed indications for erlotinib rather than simply the likely NSCLC population.

Are the provisional recommendations sound and a suitable basis for guidance to the NHS?
I consider the provisional recommendations from NICE on this technology to be sound and justifiable given the refinements that the ERG has made to the economic modelling for this technology and the consideration of issues pertaining to end of life criteria.

Are there any aspects of the recommendations that need particular consideration to ensure we avoid unlawful discrimination against any group of people on the grounds of gender, race, disability, age, sexual orientation, religion or belief?
I am not aware of any issues.

Many thanks,
[redacted]
Dudley PCT