

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

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| <b>HEALTH TECHNOLOGY APPRAISAL: NICE Health Technology<br/>Appraisal - Appraisal Consultation Document<br/>Bortezomib and thalidomide for multiple myeloma</b> |  |
| <b>TO: NICE</b>  | <b>FROM: NHS Quality Improvement<br/>Scotland<br/>23 June 2010</b> |

*not, what evidence do you consider has been omitted, and what are the implications of this omission on the results?*

**Yes all relevant evidence had been taken into account**

2. Do you consider that the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence? *If not, in which areas do you consider that the summaries are not reasonable interpretations?*

**Yes the summaries are reasonable interpretations of evidence**

3. Are the provisional recommendations of the Appraisal Committee sound and do they constitute a suitable basis for the preparation of guidance to the NHS? *If not, why do you consider that the recommendations are not sound?*

**In practice the recommendation that bortezomib can be used as first line therapy in patients for whom thalidomide is contraindicated will only apply to a very small minority of patients. The recommendation that intolerance to thalidomide would allow use of bortezomib is superfluous as this essentially would be second line therapy for which bortezomib is currently already approved**



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**Vial sharing for patients receiving bortezomib is common practice (4.2.16 not correct assumption, but addressed in committee's comments). Need to define what is meant by 'contra-indication to thalidomide'. The clinical contra-indications are much broader, I think, than on the SPC or in the BNF. They include neuropathy, recent ischaemic or thromboembolic event, contra-indication to anticoagulation etc.**

2. Do you consider that the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence? *If not, in which areas do you consider that the summaries are not reasonable interpretations?*

**See section 4.2.16- the costs will be greater if use CTDa (or MPT) first-line as most clinicians will use bortezomib/dexamethasone based regimen second line.**

3. Are the provisional recommendations of the Appraisal Committee sound and do they constitute a suitable basis for the preparation of guidance to the NHS? *If not, why do you consider that the recommendations are not sound?*

**Yes**

4. Are the patient pathways and treatment options described in the assessment applicable to NHSScotland? *If not, how do they differ in Scotland?*

**Statement in 4.2.9 not correct – lenalidomide/dexamethasone is still not approved by most health boards in Scotland for 3<sup>rd</sup> line use. Also, if VMP used first-line, with long remission, it is not unreasonable to use bortezomib again third-line, although most would not use it second line in this instance.**

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**Yes**

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**Yes**

3. Are the provisional recommendations of the Appraisal Committee sound and do they constitute a suitable basis for the preparation of guidance to the NHS? *If not, why do you consider that the recommendations are not sound?*

**Yes**

4. Please add any other information which you think would be useful to NICE or helpful in guiding the Scottish response to this assessment.

**Very helpful Appraisal/Health Economic Assessment for determining first-line treatment of multiple myeloma for patients not suitable for stem cell transplantation.**

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