Comments on the ACD Received from the Public through the NICE Website

Name	[redacted]
Role	other
Other role	NHS Commissioning Manager
Location	England
Conflict	no
Notes	
Comments on individual sections of the ACD:	
Section 1 (Appraisal Committee's preliminary recommendations)	We agree with and support the NICE Appraisal Committee?s views that there is not enough info, in particular with regards to a sensitivity analysis of likely costs comparing current first-line treatment with Gefitinib. Rough calculations: We have on average 1,236 new cases of lung cancer each year. 85% (~1,051 patients) of these will be non-small cell lung cancer who would qualify for treatment with either Gefitinib or Erlotinib. Assuming Gefitinib is a flat rate cost of Â£12,200 and Erlotinib is Â£16,315 for 10 months treatment (this is the median survival cited from the research papers), Erlotinib is Â£4,115 more expensive per patient treated. So worse case scenario is we are looking at Â£4.3 million extra per year. If we were to get a 14% discount via a Patient Access Scheme as suggested, we are still looking at a worse case scenario of Â£1.8 million extra per year. Some caveats not included here due to word limit. The usual financial concerns apply ? approval of drugs mid way through a financial year where we have not set aside funds for means having to find these funds by cutting back on other commissioned services. Â£4m could be disastrous.
Section 2 (The technology)	
Section 3 (The manufacturer's submission)	
Section 4 (Consideration of the evidence)	
Section 5 (Implementation)	
Section 6 (Proposed recommendations for further research)	
Section 7 (Related NICE guidance)	
Section 8 (Proposed date of review of guidance)	
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Name	[redacted]
Role	NHS Professional
Other role	
Location	England
Conflict	no
Notes	I work for an NHS commissioning organisation PCT that has considered this technology in this indication and found the case for use to be favourable
Comments on individual sections of the ACD:	
Section 1 (Appraisal Committee's preliminary recommendations)	Clinical studies demonstarte improved progression free survival compared to platinum based therapy Erlotinib is considered to offer some advantages over gefitinib, the current standard treatment for patients with this form of lung cancer. Efficacy data is available for both European and Asian populations, and managing adverse effects with dosing adjustment is more easily achieved with erlotinib due to therange of strengths available. The Group consider that evidence is sufficient to support commissioning erlotinib as an option for this indication where the clinician considers the benefits justify its use and the patient understands that it will be used instead of the NICE approved treatment, gefitinib. NICE are due to issue definitive guidance on the use of erlotinib in this indication in June 2012. Until this time, the manufacturer has undertaken to provide erlotinib to the NHS at a discount, if the treating provider agrees to
Section 2 (The technology)	
Section 3 (The manufacturer's submission)	
Section 4 (Consideration of the evidence)	The PCTs in the SW peninsula considered the clinical evidence and the financial uncertainties of erlotinib and gefitinib. The clinical trial data for erlotinib demonstrates improvements in progression free survival over standard platinum based chemotherapy. Whilst there are no data comparing erlotinib to gefitinib the prolongation in progression free survival noted for erlotinib is considered of particular clinical relevance as the study population more closely mirror the UK population than the studies supporting gefitinib. The cost effectiveness case largely depends upon the patient access schemes available. The geftinib scheme in particular is highly uncertain because of the high initial costs Â£12, 200 + VAT that must be paid. Assumptions about expected treatment duration are key and this is subject to uncertainty. The erlotinib scheme is more straightforward and applicable for the duration of treatment , whatever that proves to be (either due to

	progression or adverse events).
Section 5 (Implementation)	
Section 6 (Proposed recommendations for further research)	
Section 7 (Related NICE guidance)	
Section 8 (Proposed date of review of guidance)	
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