Royal College of Physicians
11 St Andrews Place
Regent's Park
London NW1 4LE
Tel: +44 (0)20 3075 1560

www.rcplondon.ac.uk

Professor Carole Longson
Director, Centre for Health Technology Evaluation
NICE

From [redacted]

By email
Kate.Moore@nice.org.uk

8 March 2012

Dear Professor Longson

Re: Erlotinib for the first-line treatment of locally advanced or metastatic EGFR-TK mutation-positive non-small-cell lung cancer - ACD

I write on behalf of the NCRI/RCP/RCR/ACP/JCCO who produce joint responses to NICE oncological consultations. We are grateful for the opportunity to respond to the above ACD consultation and would like to make the following comments.

Our experts are disappointed to learn that NICE is minded not to approve erlotinib for this indication. They are satisfied that the committee has considered erlotinib and gefitinib relatively comparable in terms of efficacy and toxicity, this conclusion therefore being contingent on a health economic model.

The ERG model has been based on 76% of gefitinib patients incurring the fixed cost of gefitinib. In current clinical practice the feedback received is that this rate is considerably higher; indeed potentially above 90% at some centres We would therefore ask NICE to reconsider its decision to take account of this information.

Yours sincerely

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