

**NICE Multiple Technology Appraisal (MTA)
Denosumab for the treatment of bone metastases from solid tumours
Appraisal Consultation Document**

**Comment and Response from the British Uro-Oncology Group (BUG),
Following an Opinion-based Survey – June 2012**

The British Uro-oncology Group (BUG) network covers the spectrum of UK specialists who treat genito-urinary cancers as a special or main interest. The great majority of these specialise in the treatment of prostate cancer.

To understand the current situation regarding use of zoledronic acid in metastatic castrate resistant prostate cancer (mCRPC), BUG conducted an e-alert survey with the following questions:

1. Do you currently prescribe zoledronic acid for prostate cancer?
2. Is your prescribing confined to patients who have suffered a skeletal related event (SRE)?
3. In the post-SRE situation, do you prescribe zoledronic acid:
 - a. Mostly for the treatment of bone pain
 - b. Mostly for the delay of further skeletal events

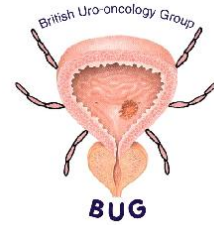
The survey was issued by email to 200 UK Consultants (an estimated 80% of whom manage prostate cancer). In total 61 responses were received within the one-week deadline set for receipt of responses.

Of the 61 responses received, 53 (87%) prescribe zoledronic acid (ZA) for prostate cancer. Out of the 53 who prescribe ZA for prostate cancer, 19 (36%) prescribe it exclusively in the post-SRE scenario whereas 31 (58%) prescribe it in other situations as well, which include hypercalcemia, delaying SRE and osteoporosis. Three respondents did not answer this question.

Twenty-five (47%) of the 53 who use ZA responded that, in the post SRE situation, it was mostly for bone pain while 17 (32%) used it mostly for delay of further SREs. Nine respondents (17%) stated they use it for both these indications with equal importance.

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These results show that there is a high penetration of use of ZA in prostate cancer in the UK. This use is in accordance with several International Guidelines and whilst some of the use is in accordance with the NICE guidelines (ie solely for the control of pain) there is a significant proportion (25/53) who use ZA in prostate cancer patients with SREs to prevent/delay further SREs. The number of Consultant Oncologists responding to this questionnaire – 61 individuals – does not include all those involved nationally in the management of advanced prostate cancer, but it represents a significant proportion and therefore is likely to represent UK practice.

The results of this survey are consistent with the expert advice provided by the Prostate Action representative (Dr Stephen Harland) and the BUG representative (Dr Amit Bahl) at the NICE meeting for denosumab for Bone Metastasis ACD on 8th March 2012.

BUG would be grateful if NICE could consider this submission when considering the question of how denosumab might influence British oncological practice.

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