OPEN LETTER TO SIR ANDREW DILLON, CHIEF EXECUTIVE, NICE

cc Rt Hon Earl Howe (Parliamentary Under Secretary of State for Health)
cc Sean Duffy (National Clinical Director for Cancer)
cc Dr Jane Adam MB BS, MRCP, FRCR (Chair, Appraisal Committee A)

As representatives of leading professional associations and patient groups involved in working with, and on behalf of, patients with advanced melanoma we are writing to urge you to rethink your preliminary decision not to recommend ipilimumab (Yervoy) for the first line treatment of advanced melanoma except in clinical trials. This will be a severe setback to patients who had hoped to have earlier access to ipilimumab.

For patients and their families it can be extremely traumatic going through months of first line treatment with dacarbazine when they know that ipilimumab can make a real difference to both their quality of life and their long term chance of survival – and that their chances diminish the longer they have to wait.

It is difficult for patients to understand why the NHS will only initiate them onto a more effective treatment once they have gone through unsuccessful treatment with an old, ineffective drug (dacarbazine) – after which both their morale and receptiveness to treatment are much lower.

This decision is even more devastating because, as you will be aware, the incidence of melanoma is on the rise in the UK. Over the last 25 years, the rate of malignant melanoma has risen faster than any of the top ten cancers in the UK and it is the second most common cancer in the 15-34 age group. More than 11,700 people are diagnosed with malignant melanoma each year. While the majority of skin cancers are treatable, malignant melanoma kills over 2,000 people each year with an average 22 years of life lost from each melanoma death, more than most other cancers.

We urge NICE to reconsider its draft guidance at the Appraisal Committee meeting on 23rd April and issue a positive response to patients across the NHS. We ask you to re-examine the case – reflecting the patient need and the desire from the clinical community to provide early access.

Yours sincerely,

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[redacted] Skin Cancer Nurse Specialist, Chesterfield Royal Hospital

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Gill Nuttall, Founder, Melanoma UK (incorporating Factor50)

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