NICE National Institute for Health and Care Excellence

10 Spring Gardens
London
SW1A 2BU
United Kingdom

+44 (0)845 003 7780

Sent via email

[redacted]
Registrar
Royal College of Physicians

16 May 2013

Dear [redacted]

Final Appraisal Determination: axitinib for the treatment of advanced renal cell carcinoma after failure of prior systemic treatment

Thank you for your reply to my initial scrutiny letter.

1.1. Rejection of views and failure to invite Professor Hawkins to the second appraisal meeting.

I was not expressing a view on whether the committee had a logical reason to prefer one experts view over another, although I have seen no evidence to suppose they did not. My view, although this is not precisely the point I was trying to make, is that where experts differ by definition the views of either expert may be reasonably held. Each expert could articulate the reasons for his or her view. But it may not be possible and in the context of an FAD is not a requirement for the committee to state not only that it prefers one view over another, but also why it found the reasons for that view more persuasive than the reasons for the alternative. Before the passage from my earlier letter which you cite, I had explained that

"… *an FAD must be sufficiently reasoned to take effect as guidance (in other words, the informed reader must be able to understand what the reasons for the conclusion are, so he or she can take those conclusions into account when exercising clinical judgment). That is a different purpose to being sufficiently reasoned to enable readers to understand why an experts view did not persuade in the final analysis*."

The papers relating to the appeal in Ranibizumab for the treatment of diabetic macular oedema TA 237 are available online: http://www.nice.org.uk/nicemedia/live/13125/57323/57323.pdf I apologise that I did not make that clear in my earlier letter. The relevant paragraphs begin at paragraph 47. In summary the appeal panel rejected an argument that fairness might require a clinical expert to be present to assist a committee to reach its judgments. That is the committee's responsibility alone, and it must do the best it can with the expertise of its various members. It can though be assisted to understand evidence by a clinical expert. The same point to the point you raise has been raised by another appellant, and my view is that the complaint is not that evidence was missing or misunderstood, but that Professor Hawkins should have assisted with deliberation or

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decision making. The appeal panel has previously decided that that is not a requirement of fairness.

For these reasons I am still not persuaded this would be a valid ground of appeal. However I can confirm your appeal concerning the lack of findings of the most plausible ICER is proceeding.

Yours sincerely

[redacted]
Appeals Committee Chair