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[redacted]
Director, Centre for Health Technology Evaluation
By email:
appeals@nice.org.uk

From The Registrar
[redacted]

15 April 2013

Dear [redacted]

Re: Axitinib for treating advanced renal cell carcinoma after failure of prior systemic treatment [ID518] – Final Appraisal Determination (FAD)

The Royal College of Physicians (RCP) plays a leading role in the delivery of high quality patient care by setting standards of medical practice and promoting clinical excellence. We provide physicians in the United Kingdom and overseas with education, training and support throughout their careers. As an independent body representing over 28,000 Fellows and Members worldwide, we advise and work with government, the public, patients and other professions to improve health and healthcare.

The RCP is grateful for the opportunity to review the Final Appraisal Determination (FAD) for the above appraisal. We have liaised with our experts in renal cell carcinoma and wish to appeal the FAD.

Reason for appeal: Ground one - The Institute has failed to act fairly

1) The Committee rejected the explanation provided by Professor Robert Hawkins regarding the benefit of TKI post therapy without giving reasons, other than stating that:

'progression-free survival and overall survival relationship for the prior-sunitinib group was likely to lie between the manufacturer's estimate and the ERG's estimate, although probably closer to the ERG's estimate'.

Despite the fact that the Committee took a different view from that of Professor Hawkins, his views were rejected without inviting him to the second appraisal meeting on 13 February 2013. We believe that this represents a lack of transparency in how the Committee dealt with this important matter and that therefore the Institute failed to act fairly.

2) No explanation was provided by the Committee as to how it concluded where the most plausible ICER sits and how it weighted the factors which could affect this. The high degree of uncertainty surrounding this is as a consequence of using best supportive care as a comparator which is based on the lack of previous NICE approval of any 2nd line therapy for kidney cancer. Therefore, we consider that patients are being discriminated against because of the outcome of earlier appraisals. Again, we feel this means that the

Institute has failed to act fairly. Under these circumstances, we believe that the uncertainty should be used to weight a decision in favour of patients rather than against them.

Yours sincerely

[redacted]
Registrar