NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Patient/carer expert statement (STA)

Tolvaptan for treating autosomal dominant polycystic kidney disease [ID652]

Thank you for agreeing to give us your views on this treatment that is being appraised by NICE and how it could be used in the NHS. Patients, carers and patient organisations can provide a unique perspective on conditions and their treatment that is not typically available from other sources. We are interested in hearing about:

- the experience of having the condition or caring for someone with the condition
- the experience of receiving NHS care for the condition
- the experience of having specific treatments for the condition
- the outcomes of treatment that are important to patients or carers (which might differ from those measured in clinical studies, including health-related quality of life)
- preferences for different treatments and how they are given
- expectations about the risks and benefits of the treatment.

We have already asked your nominating organisation to provide an organisation's view. We are asking you to give your views as an individual whether you are:

- a patient
- a carer (who may be voicing views for a patient who is unable to) or
- somebody who works or volunteers for a patient organisation.

To help you give your views, we have provided a questionnaire. You do not have to answer every question — the questions are there as prompts to guide you. The response area will expand as you type. The length of your response should not normally exceed 10 pages.

1. About you

Your name: Theresa Williams
Name of your nominating organisation: PKD Charity
Do you know if your nominating organisation has submitted a statement? YES IT HAS

☐ Yes ☐ No

Do you wish to agree with your nominating organisation's statement?
YES I do

☐ Yes ☐ No

(We would encourage you to complete this form even if you agree with your nominating organisation's statement.)

Are you:

- a patient with the condition? YES

☐ Yes ☐ No

- a carer of a patient with the condition? NO

☐ Yes ☐ No

- a patient organisation employee or volunteer? Not applicable
-

☐ Yes ☐ No

Do you have experience of the treatment being appraised? YES

☐ Yes ☐ No

If you wrote the organisation submission and do not have anything to add, tick here ☐ (If you tick this box, the rest of this form will be deleted after submission.)

2. Living with the condition

What is your experience of living with the condition as a patient or carer?

As the condition is a genetic one I am not only living with the condition as a patient but have in the past looked after my mother who died of the condition 14 years ago at the age of 59. I did not know I had ADPKD until I was scanned in 1994 whilst pregnant with my son but had suspicions something was wrong at the time as I have always suffered from IBS symptoms from an early age (8) which was probably associated with a large ADPKD liver and kidneys taking up so much room in a young body.. I have had two cyst infections in my lifetime, the second one requiring day hospitalisation with intravenous drip for the pain and strong antibiotic drugs. With ADPKD I have a lot of sleepless nights because my right kidney is large and it becomes uncomfortable with breathing when I try to sleep on my right side. Because my kidneys and liver are so large the main daily impact it has for me is limiting how much I can eat – I have to eat small amounts more regularly and can't handle two or three course meals. There is no room inside me for the liver, kidneys and a full stomach as normal people would have…….An increasing waist line because of the increasing size of the organs means buying clothes is more difficult as I am quite slim but the waist is disproportionate to the rest of my body. I know many people have significant pain with this condition but I've been lucky to just have pain when a cyst has become infected or bruised. Mentally this disease places a burden on my family. My children are aware that their great grandfather, grandmother and two great aunts all died in their late 50s (early 60s for the male member) so there is a concern that as it's hereditary they will have it. They have witnessed my absolute helplessness and significant pain when a cyst ruptured in 2010 when I was on vacation in Greece. They became my carers in a strange land – feeding me and helping me to move around etc. Plus as teenagers now - they feel responsible for me. Role reversal. I want to remain as little a burden to them for as long as possible so they can live their lives without having to worry about me and my "condition".

3. Current practice in treating the condition

Which treatment outcomes are important to you? (That is, what would you like treatment to achieve?) Which of these are most important? If possible, please explain why.

There is no treatment for ADPKD. All that is available when kidneys start to fail is dialysis which does not prevent brain aneurysms occurring causing strokes (common in my family). What is important to me is a treatment that at least slows down the disease and all its impacts so that we can buy more time. More time, for example, for modern medicine to develop a replacement kidney perhaps from our own stem cells or a treatment that will slow down the cyst enlargement as larger cysts are more likely to rupture and become infected or they press on nerves etc causing extreme pain.

What is your experience of currently available NHS care and of specific treatments? How acceptable are these treatments – which did you prefer and why?

There is no NHS care worth talking about or specific treatments. If I was not on the Tolvaptan trial, I would only be seen by a kidney specialist once a year and there is nothing they can do for you until you hit end stage renal failure when the options are dialysis and/or transplant. The GPs are quite ignorant about the disease possibly because they know there is currently no treatment other than dialysis and transplant when it gets to that extreme level of failure. Other than 6 monthly blood pressure checks at a GP surgery and that once a year annual visit to the consultant where nothing really happens other than bloods taken and weight and BP measured to see if you are getting close to ESRF – there is nothing out there. Tolvaptan is hence a very very important drug to me because it's been proven to slow down the progression of my disease.

4. What do you consider to be the advantages of the treatment being appraised?

The advantages of this treatment is that it is the first treatment to slow down the progression of the disease where there has been no treatment to date – It lengthens the time it takes to get to the dialysis or transplant stage. It slows down the cysts getting bigger and the resulting complication that can then

occur. It slows down the pain that comes from having large cysts. It buys valuable time before we have to go on life restricting dialysis machines or having risky kidney transplants where our bodies might reject a donor kidney. It gives us extra time to enjoy life and our families normally – where hospital contact is just for quarterly monitoring and is not intrusive. It means that pain which usually comes with increased kidney and cyst size is delayed.

To have a treatment where none exists is huge both physically on the body and huge mentally for me and my family as we know we are buying more time for normal family life. It means I can continue to work full time in my job which is important to me as a single parent. It is easy to take in its tablet form and does not require anything more than monitoring by a trained nephrologist. HOWEVER – it is a life changing drug because the side effects do cause you to change the way you live your life (will elaborate later).

Benefits of a treatment might include its effect on:

- the course and/or outcome of the condition
- physical symptoms
- pain
- level of disability
- mental health
- quality of life (such as lifestyle and work)
- other people (for example, family, friends and employers)
- ease of use (for example, tablets rather than injection)
- where the treatment has to be used (for example, at home rather than in hospital)
- any other issues not listed above

Please list the benefits that you expect to gain from using the treatment being appraised.

As stated above the benefits are:

A delay in getting to dialysis or transplant stage.

Delay in the other damaging effects of cyst growth and development such as it taking the cysts longer to get bigger with the complications that come with that (cyst ruptures/infections, cysts pressing on nerves, kidneys getting bigger and

bigger so that its uncomfortable when eating and wearing certain types of clothes).

More time to live a normal life with the family.

More time to continue in full time employment rather than being hooked up to machines several days a week. Not only good for my family but good for the Economy. I'm being productive, paying high taxes, spending money in the wider community and being a good role model to my children. I'm able to help with my voluntary work and contribute to society and if I'm on dialysis slowly I would be restricted in these areas.

Less need to spend time in hospitals – it's all outpatient visits.

It's a treatment where NONE exists currently.

Psychologically – it gives you hope for the future where previously no hope existed.

Please explain any advantages that you think this treatment has over other NHS treatments in England.

The big advantage is that when there is no other treatment available – nothing to slow down the progression of this disease - this is a win win situation. You are not comparing it with anything because there is nothing to compare with.

If you know of any differences in opinion between you and other patients or carers about the benefits of the treatment being appraised, please tell us about them.

People I have met who are on the drug are all of the same opinion as me. This is a major breakthrough and we are all excited and hopeful for a positive outcome to the appraisal process. Its working for us, our families, our friends and employers and we want it to work for the wider PKD community. This is a huge step forward to the PKD community.

5. What do you consider to be the disadvantages of the treatment being appraised?

The only disadvantages of the treatment and I hate using the word disadvantages – the only challenges with this drug is that it requires lifestyle changes.

You have to drink large quantities of water – HUGE amounts – 6-8 litres a day and for me 2- 3 litres a night depending on the weather etc.

You will go to the toilet on average once an hour during the day until the late evening when the drug begins to wear off a little bit and you will wake up to go to the toilet a few times in the night and again wake up to keep drinking the water.

As such you become a person who is highly focused on having access at ALL times to water and toilet facilities. When I went on a recent conference to Lisbon (a) I made sure I had bought plenty of water at the airport for the 3 hour flight (b) I made the stewardess aware I was on the drug and that I needed access to the first class toilet two rows away from me as the 2 toilets at the back of the Airbus were always busy and by the time I'd get there I may not have "made it". My "dietary requirements" for the 4 day conference were delivery of 48 litres of water to my room so that I had water immediately available for drinking during the night and could access it during the day and keep tabs on how much I was drinking.

It is possible (**and I stress this point quite strongly as its important to the success of the drugs compliance rate I believe**) that in order to reduce the challenges this drug has with the amount of sleep a patient gets and hence one's health and ability to do day to day activities - that patients are carefully advised to take the 90mg dose as early as they can each day so that the follow up dose is taken in the afternoon and not in the evening. Otherwise you will tend to have more trips to the loo in the night and will wake up more often to drink the water reducing the quality and quantity of your sleep. I noticed a dramatic change in the quantity and quality of my sleep when I changed the time I took the drug on Tempo 3 / 4 (9am when I got into work

and 6pm when I got home from work) to 7am when I woke up and 4pm for the 30mg dose when I went on to do the Tempo 4/4 extension trial. The change was so dramatic for me that I know I could tolerate this drug indefinitely now whereas previously I found it tough struggling with the lack of sleep.

PKD patients are usually very knowledgeable about their disease and WANT to be on a drug that will stop what happened to a family member happening to them (given it's a genetic disease). I understand from the trial results that compliance was actually quite high. Hence I think it is important that helpful tips like the above are passed on by the doctors/nephrologists to the patient about the timing of the drug. As the drug does NOT need to be taken with food – I set my alarm on the weekends to 7am – take the drug and go straight back to sleep to build up additional energy reserves. All of this means that the drug is able to do its job and I'm able to continue to enjoy life and the water/loo issue is just a minor annoyance that I have to adapt to which I do. Its important to plan carefully for long journey's and realise that if there is a situation where water or toilet facilities are going to be a problem that missing a dose is not going to be catastrophic as it might be with say anti rejection drugs.

This drug is now who I am. It's a way of life. My employers know I will be popping in and out of training sessions or conference calls for toilet/water breaks but I've found them to be most accommodating. Other employers may not be so accommodating so it might be necessary then for the nephrologist to support the patient by writing letters explaining why the patient needs the loo /water so much (eg: cashiers in supermarkets). In this regard I would see the drug as being something that needs to be facilitated by an employer as they would have to do if an employee was suddenly confined to a wheelchair.

It won't be possible for everyone to go on it but everyone should be given the opportunity to see if they can change their lifestyles to accommodate it because it's such a good drug and there is such a strong need for it – it works when nothing else does and benefits the economy and the larger community to have someone who is healthy but who just needs to be accommodated a little.

Disadvantages of a treatment might include:

- aspects of the condition that the treatment cannot help with or might make worse
- difficulties in taking or using the treatment (for example, injection rather than tablets)
- side effects (for example, type or number of problems, how often, for how long, how severe. Please describe which side effects patients might be willing to accept or tolerate and which would be difficult to accept or tolerate)
- where the treatment has to be used (for example, in hospital rather than at home)
- impact on others (for example, family, friends and employers)
- financial impact on the patient and/or their family (for example, the cost of travel to hospital or paying a carer)
- any other issues not listed above

Please list any concerns you have about current NHS treatments in England.

Simple – there are no current NHS treatments for ADPKD. But Tolvaptan is now a proven treatment. So economically it makes sense to use it because of the wider impact on the economy of keeping people who are at their most productive when they would be likely to be on the drug (30-65) when they are earning the higher wages, in full time employment or childcare/part time employment and not being dependents on the state because of the debilitating effects of rapid PKD progression.

Please list any concerns you have about the treatment being appraised.

I don't have any concerns. The side effects are lifestyle ones not physical ones. My hair does not fall out (as happens with transplant patients), I don't have horrendous rashes. I drink and urinate frequently and water is free or cheap and toilets can always be found. I can't see any negatives with this drug here.

If you know of any differences in opinion between you and other patients or carers about the disadvantages of the treatment being appraised, please tell us about them.

Again everyone I have spoken to have said that they have changed their approach to social events, work, travel etc so it's all better planned to accommodate the water/loo situation but we are all united that this is a minor inconvenience and not something that should prevent it being licensed and used by the NHS in any way. We all want others to benefit from the treatment as we know we have done.

6. Patient population

Do you think some patients might benefit more from the treatment than others? If so, please describe them and explain why.

I don't believe I'm qualified to comment on this. Because of the lifestyle changes I think it's going to be harder for younger folk eg: young mothers with babies to deal with the broken sleep as they will be suffering some of that with their children but that is so subjective. I had children who never slept and others have children who sleep through the night from the getgo. It's an individual thing and I think what is most important is that the nephrologist/doctor is educated enough on the impact of the side effects on daily /nightly life so that when the drug is being considered, those side effects are explained in depth to the patient. It is probably a drug where all patients should be given a trial period to see if they can deal with the lifestyle change requirements. A surgeon who performs organ transplants which are long operations as his day to day job could not take the drug and deal with the water/loo requirements but if he changed to doing short operations – he could benefit from the drug and still be able to have a medical career and make a major contribution to the welfare of patients and the broader community. It might mean his career goes in a different direction but he'll have a career for longer!!! It's all about accommodation and ultimately it is going to be how each patient can tolerate the water/loo requirements that will determine if they can cope with it.

Do you think some patients might benefit less from the treatment than others? If so, please describe them and explain why.

That is up to the nephrologists to comment on. It would I'm sure depend on what stage of the disease and possibly how old they are when it gets to the prescription stage.

7. Research evidence on patient or carer views of the treatment

Are you familiar with the published research literature for the treatment?

YES

☐ Yes ☐ No

If you answered 'no', please skip the rest of section 7 and move on to section 8.

Please comment on whether your experience of using the treatment as part of routine NHS care reflects the experience of patients in the clinical trials.

Do you think the clinical trials have captured outcomes that are important to patients? Are you aware of any limitations in how the treatment has been assessed in clinical trials?

As with all medical trials – when you are asked to state whether you could deal with the drug for the rest of your life – the question is yes/no. On one occasion when I was on Tempo 3 / 4 and taking the drug in the late morning and evening so suffering from a lot of sleep deprivation I did tick No. 3 months later on changing the timings I readily ticked YES. The difference was not in the drug itself but actually **WHEN** I took the drug. My answers were therefore all about the side effects and the side effects were not of the drug but when I took the drug so can I stress again – TIMING is important and equally – ensuring that unlike with most other drugs – the point is stressed that you DON'T need to have food to take it – Then people will take it early and immediately go back to sleep.

If the treatment being appraised is already available in the NHS, are there any side effects that were not apparent in the clinical trials but have emerged during routine NHS care?

I do not know - **. Samsca is** licensed for other conditions but I think in different mg amounts – one for the professionals to answer**.**

Are you aware of any relevant research on patient or carer views of the condition or existing treatments?

Yes -

☐ Yes ☐ No

If yes, please provide references to the relevant studies.

Tess Harris referred to those views in the UK PKD charity's survey of PKD patients including those on Tolvaptan. This was all discussed in Tess's response on behalf of the Charity.

8. Equality

NICE is committed to promoting equality of opportunity and eliminating discrimination. Please let us know if you think that recommendations from this appraisal could have an adverse impact on any particular groups of people, who they are and why.

No I do not believe this is the case.

9. Other issues

Do you consider the treatment to be innovative?

YES - ABSOLUTELY

☐ Yes ☐ No

If yes, please explain what makes it significantly different from other treatments for the condition.

THERE ARE NONE

Is there anything else that you would like the Appraisal Committee to consider?

This is a major breakthrough for a very widespread disease for which there is currently no treatment. The drug is tolerable. The side effects are manageable and are not deforming in any way or create negative impacts on other parts of the body that we are aware of (liver function is monitored very

closely which was the only concern of the FDA review of the drug trials results). The impact both physically (delayed onset of ESRF), reduced pain/delayed pain, mentally (at last there is something out there that has been proven to work with the side effect being just lifestyle changes) and the economic effect (longer participation in the workforce, parents being able to care for children, middle aged children being around to care for aged parents) is huge and its important when assessing it that such issues are taken into consideration. Those of us in our 40s and 50s are caring for our elderly either physically or often by paying for care. The state needs us to remain productive and contribute to the economy of the country so help us to do that.

10. Key messages

In no more than 5 bullet points, please summarise the key messages of your submission.

- This is the only treatment proven to slow down the progression of PKD. As such its licensing and use by the NHS is of major importance to the PKD community. There is NOTHING else available to help manage this disease until you hit the stage when dialysis and transplant are the only options. It appears to ease pain symptoms and I feel better on it than off it. It's a major medical breakthrough that must be made available to the PKD community.
- Delaying the progression of the disease is cost effective when you consider it will enable those in the labour force to remain in gainful employment for longer and delay them moving to a stage of ill health where they cease to be contributing to the Exchequer and they end up requiring funding via benefits and additional NHS hospitalisation/dialysis etc . In addition as ESRF patients will need care, delaying the progression may actually end up keeping two family members in the work force for longer – the patient and their carer.
- The side effects are at most "challenging"
- From a life style perspective as opposed to a physiological perspective but they are very manageable with the right guidance. Compared to side effects you get with other drugs – hair falling out – feeling nauseous – we have none of that with Tolvaptan other than having to have access to water and toilets which just needs good planning. With good preparation and

education about the drug and its dieuretic side effects and how to take the drug so it does not interfere so much with sleep etc, compliance should be high.

- There needs to be significant awareness by medical personnel on the lifestyle side effects so a patient is fully aware of how to prepare for the impact the drug will have initially on their body and then on their lifestyle. This is not a drug where a GP can just prescribe 90 mg in the morning and 30 mg in the afternoon and dish it out with nothing more said. It needs to be very carefully administered with time for explaining how to manage the side effects
- The timing of taking the drug IS important and equally important is the fact that this drug does NOT need to be taken with food which can be of major help in managing the life style issues associated with the frequent urination and water consumption issue (enabling people to take it early without the need for breakfast and continue to go back to sleep).