NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Multiple Technology Appraisal (MTA)

Erlotinib and gefitinib for treating non-small-cell lung cancer that has progressed following prior chemotherapy (Review of TA162 and TA175)

Thank you for agreeing to give us a statement on your organisation's view of the technology and the way it should be used in the NHS.

Healthcare professionals can provide a unique perspective on the technology within the context of current clinical practice which is not typically available from the published literature.

To help you in making your statement, we have provided a template. The questions are there as prompts to guide you. It is not essential that you answer all of them.

Please do not exceed the 8-page limit.

About you

Your name: Dr Paul William Bishop

Name of your organisation Royal College of Pathologists

Are you (tick all that apply):

- a specialist in the treatment of people with the condition for which NICE is considering this technology? √
- a specialist in the clinical evidence base that is to support the technology (e.g. involved in clinical trials for the technology)?
- an employee of a healthcare professional organisation that represents clinicians treating the condition for which NICE is considering the technology? If so, what is your position in the organisation where appropriate (e.g. policy officer, trustee, member etc.)?
- other? (please specify)

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Implementation issues

Selection of patients with EGFR mutations is dependent on accurate histological sub-typing of tumours, often working with very limited biopsy material. There needs to be judicious application of immunohistochemistry so as to correctly sub-type while preserving material for molecular analysis. Many patients will undergo biopsy in hospitals without a specialist cardiothoracic pathologist to provide this service. A national audit has demonstrated considerable variation in diagnostic practice and in the proportion of cases that are successfully sub-typed.