Dear [redacted]

Please find below, on behalf of the British Uro-oncology Group, our response to the:
ACD Single Technology Appraisal (STA) Abiraterone acetate for the treatment of metastatic hormone relapsed prostate cancer not previously treated with chemotherapy

We would be grateful for your confirmation of receipt and that you do not require anything further from us at this stage.

The British Uro-oncology Group (BUG) is greatly concerned by the NICE Appraisal Committee's preliminary recommendation that:

1.1 Abiraterone is not recommended within its marketing authorisation for treating metastatic hormone-relapsed prostate cancer in people who have no or mild symptoms after androgen deprivation therapy has failed and in whom chemotherapy is not yet clinically indicated.

The British Uro-oncology Group urges NICE to reconsider its preliminary recommendations in this ACD, considering the following points:

a) Abiraterone has been the second most prescribed drug on the Cancer Drugs' Fund, with 3,023 patients treated in this setting between April 2013 and March 2014 in England. Members of BUG who represent the majority of uro-oncologists in the UK believe strongly in the value of this technology for the treatment of metastatic hormone relapsed prostate cancer in terms of efficacy, tolerability and also in the significant delay for treatment with chemotherapy, where clinically indicated and/or based on patient preference.

b) The ability to prescribe abiraterone in patients not previously treated with chemotherapy delays disease progression and provides patients with a better quality of life with less pain. The patient benefit is highly significant.

It is hugely disappointing that NICE does not appreciate the benefit of abiraterone when evaluating the end of life criteria. The longest survival data we currently have in this patient population is for patients receiving abiraterone first line (and then subsequent lines of therapy as dictated clinically). Some of these patients don't go on to receive docetaxel through choice, decline in Performance Status or other parameters, or the availability of other therapies. Our aim is to maximise quality of life and its duration - which a sequence starting with abiraterone achieves, with the best data to date.

The members of the British Uro-oncology Group have significant clinical experience in the use of abiraterone, acting in the best interests of their patients. It would appear that the preliminary decision here, based primarily around cost, does not properly consider the licensed indication and benefits of abiraterone pre-chemotherapy, for men and their families living with prostate cancer.

Thank you for your time in reviewing our comments on the ACD.

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