

Paul Catchpole, Ph.D
Healthcare Management Director



Monday 19th September 2005

Cathryn Fuller
Technology Appraisal Project Manager
National Institute for Health and Clinical Excellence
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BY E-MAIL

Dear Cathryn,

**HEALTH TECHNOLOGY APPRAISAL –
Oxaliplatin and capecitabine for the treatment of colorectal cancer
(adjuvant)**

Thank you for the opportunity to comment on the Assessment Report prepared by the Sheffield School of Health and Related Research (SchARR) for the above technology appraisal.

Overall, we are in agreement with the analysis of the evidence base and the overall conclusions drawn in the HTA Report including the interpretations of the evidence base for capecitabine.

However, we would like to point out that whilst the statement that capecitabine has not been evaluated in comparison with the less toxic UK 5-FU/FA regimens is correct it should be noted in order to give a balanced picture, that there is in fact little or no good evidence to support the use of any of the less toxic regimens used in the UK from this perspective. Since the primary reason for the use of adjuvant treatment is improved disease free or overall survival, the Appraisal Committee should be aware that it is efficacy and not toxicity which should be the major criteria for treatment selection in this setting.

We also note that the HTA Assessment Report highlights a potential overestimation of the extrapolation given by ourselves in estimating cost effectiveness, we would point out and agree that regardless of the choice of the extrapolation, the result of the cost-effectiveness analysis always remain dominant nevertheless

We look forward to the Committee's consideration of this feedback in the production of the ACD.

Please do not hesitate to contact me if you require any further clarification or explanation of our feedback.

Yours sincerely,

A handwritten signature in black ink that reads "Paul Catchpole". Below the signature is a horizontal line.

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