Reetan Patel

From: Denise Knapp [redacted]
Sent: 04 November 2005 17:03
To: Carole.Longston@nice.org.uk
Cc: Alana Miller; DP Dearnaley; Marjorie Kipling
Subject: Docetaxel Health Technology Appraisal

Dear Dr Longson,

Re: Docetaxel for the treatment of hormone-refractory metastatic prostate cancer

It is a comprehensive and detailed report. We have no quibbles with the section on clinical effectiveness, which concludes that docetaxel and prednsolone is the most effective regime.

The cost effectiveness analyses are somewhat impenetrable for simple clinicians. However, the main point we would make is that no consideration is made of the quality of life benefit for docetaxel in comparison with mitoxantrone. This seems particularly illogical given that an analysis has been performed which includes the increased risk of adverse events associated with docetaxel.

We understand that there is no accepted methodology for converting an improvement in FACT-P score into an effect on 'utility' for the purposes of a cost effectiveness analysis. That being the case, it seems to us that a) a sensitivity analysis should be performed to consider the likely impact on the ICER of the improvement in FACT-P score; and b) it should be emphasised that the ICER is known to be a conservative estimate, given that the beneficial impact of docetaxel on quality of life has not been included in the model.

A second, minor point relates to the number of cycles of docetaxel in the cost effectiveness analyses. In TAX 327 the median number of cycles was about 9 and the mean about 6. It seems obvious to us that the mean (rather than the median) is the appropriate figure when calculating the cost of the intervention. The document includes a lengthy discussion regarding whether to use the mean or the median. We may be missing something, but this discussion seems entirely unnecessary, and gives the impression that there is something underhand about using the mean.

With best wishes,
David Dearnaley

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