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National Institute for Health and Clinical Excellence

## **Single Technology Appraisal**

### **Appraisal of Pemetrexed for the treatment of non-small cell lung cancer**

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Comments provided by Catherine Docherty (Lung Clinical Nurse Specialist)

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#### **Introduction**

With a membership of over 390,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. The RCN promotes patient and nursing interests on a wide range of issues by working closely with Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

The Royal College of Nursing welcomes the opportunity to review the Appraisal Consultation Document on the use of Pemetrexed for the treatment of non-small cell lung cancer.

#### **Comments on the Appraisal Consultation Document**

We would like to express our concerns about the recommendations of the Appraisal Consultation Document.

General Point: At the National Cancer Research Institute (NCRI) meeting in October 2006, research into Lung Cancer was highlighted as a priority but one may ask what the point of conducting the research is, if NICE would not fund the new drugs? This

could stifle investment in future research and we can not overemphasise the importance of funding these treatments for patients' benefit and quality of life.

Re - Alimta: NICE appears to have dismissed the advantages of Alimta and failed to mention what is the most important benefit of this drug to patients, which is the lack of myelosuppression. This is a critical advantage over docetaxel for those patients who have previously demonstrated myelosuppression and this must have a significant cost-saving by keeping patients out of hospital.

From a nursing perspective the toxicity profile of Alimta needs to be stressed as an important advantage in terms of patient benefit. Particularly in terms of alopecia which in some instances is a significant cause of concern for patients, although may not necessarily influence the patient's choice of docetaxel versus no treatment (for patients this is not a choice as they wish to have treatment) but does have a significant effect on quality of life issues. We would therefore, ask that patients who wish to avoid alopecia should be given the option/choice of avoiding this by having Alimta.

The toxicity profile of docetaxel also means that patients are more likely to require hospital admission, further blood tests and delays in treatment than with Alimta.