From: Asbestos Awareness [help@asbestosawarenesswales.org.uk]

Sent: 01 May 2006 10:21 To: Emily Marschke

Subject: Health Technology Appraisal.

## Asbestos Awareness Wales

Hello, we are having great difficulty once again sending e mails so we have decided to send you several dealing with each question.

1.Relevant Evidence. We do not feel that we are qualified to make judgements on the technical evidence but feel that all the relevant evidence has been covered.

#### 2. The summaries of Clinical Effectiveness

It sould seem from the evidence reviewed that Pemetrexed combined with Cisplatin is effective in those with advanced disease.

Cost effectiveness. Despite the discrepencies and incomplete data in the Appraisal Consultation document (4.3.3)we feel that there is sufficient information already reviewed to suggest significant benefits to patients using the combined regime of Pemetrexed and Cisplatin.

## 3. Resource impact and implications for the NHS

We consider that the preliminary views on this subject appear to be a reasonable interpretation given the limited evidence available to date. This would seem to be inevitable given that there is no other evaluated study available for MPM comparison.

## 4. Preliminary recommendations and guidance to NHS

We feel that the evidence to date has been collated and fully appraised by the committee. However, we believe that the NICE proposals to the NHS is premature given the absence of any other suitable chemotherapy regime. It is already well known that inequity exists within the NHS and to restrict the availability of this treatment to trial purposes only is unacceptable. We feel that such an act contavenes the Human Rights and Liberty of already 'compromised' individuals.

We will comment further under the Evaluation document.

# 5. We wish to comment on the Evaluation Report.

AAW/UK is concerned that the expert evidence has not been taken into account from the evaluation report when considering the clinical evidence, especially the comments of Dr. Rudd. He states 'that in his view there is sufficient evidence for this drug (pemetrexed) to be recommended as cost effective treatment for Mesothelioma'.

The late presentation of MPM symptoms is somewhat unique and means that limited life expectancy is the norm. Since there is no standard treatment (2.6) and as stated no standard chemotherapy available for MPM (2.8). Therefore, Pemetrexed plus

Cisplatin should be available as a possible treatment for the patient when making informed choices regarding his/her treatment options. In addition to this, in our experience this patient group would value the opportunity to add to the knowledge base of effective and evidence based treatment for MPM.

Asbestos Awareness 1 (late Comments)
From: Asbestos Awareness [help@asbestosawarenesswales.org.uk]
Sent: 01 May 2006 10:21
To: Emily Marsobko

To: Emily Marschke Subject: Health Technology Appraisal.

Asbestos Awareness Wales Hello, we are having great difficulty once again sending e mails so we have decided to send you several dealing with each question.

1.Relevant Evidence. We do not feel that we are qualified to make judgements on the technical evidence but feel that all the relevant evidence has been covered.

Asbestos Awareness 2 (late Comments)

From: Asbestos Awareness [help@asbestosawarenesswales.org.uk] Sent: 01 May 2006 11:25

To: Emily Marschke

Subject: Health Technology Appraisal

Asbestos Awareness Wales

Here are our comments on the second question.

2. The summaries of Clinical Effectiveness

It sould seem from the evidence reviewed that Pemetrexed combined with Cisplatin is effective in those with advanced disease.

Cost effectiveness. Despite the discrepencies and incomplete data in the Appraisal Consultation document (4.3.3)we feel that there is sufficient information already reviewed to suggest significant benefits to patients using the combined regime of Pemetrexed and Cisplatin.

Asbestos Awareness 3 (late Comments)
From: Asbestos Awareness [help@asbestosawarenesswales.org.uk]
Sent: 01 May 2006 11:41
To: Emily Marschke
Subject: technology appraisal

Asbestos Awareness Wales

Resource impact and implications for the NHS

We consider that the preliminary views on this subject appear to be a reasonable interpretation given the limited evidence available to date. This would seem to be inevitable given that there is no other evaluated study available for MPM comparison.

Asbestos Awareness 4 (late Comments)
From: Asbestos Awareness [help@asbestosawarenesswales.org.uk]
Sent: 01 May 2006 12:04
To: Fmily Manachke

To: Emily Marschke

Subject: technology appraisal

#### Asbestos Awareness Wales

Preliminary recommendations and guidance to NHS

We feel that the evidence to date has been collated and fully appraised by the committee. However, we believe that the NICE proposals to the NHS is premature given the absence of any other suitable chemotherapy regime. It is already well known that inequity exists within the NHS and to restrict the availability of this treatment to trial purposes only is unacceptable. We feel that such an act contavenes the Human Rights and Liberty of already 'compromised' individuals. We will comment further under the Evaluation document.

Asbestos Awareness 5 (late Comments)
From: Asbestos Awareness [help@asbestosawarenesswales.org.uk]
Sent: 01 May 2006 12:23
To: Fmily Manachia

To: Emily Marschke Subject: technology appraisal

Asbestos Awareness Wales

We wish to comment on the Evaluation Report.

AAW/UK is concerned that the expert evidence has not been taken into account from the evaluation report when considering the clinical evidence, especially the comments of Dr. Rudd. He states 'that in his view there is sufficient evidence for this drug (pemetrexed) to be recommended as cost effective treatment for Mesothelioma'.

The late presentation of MPM symptoms is somewhat unique and means that limited life expectancy is the norm. Since there is no standard treatment (2.6) and as stated no standard chemotherapy available for MPM (2.8). Therefore, Pemetrexed plus Cisplatin should be available as a possible treatment for the patient when making informed choices regarding his/her treatment options. In addition to this, in our experience this patient group would value the opportunity to add to the knowledge base of effective and evidence based treatment for MPM.