

Royal College of Paediatrics and Child Health

Clinical Standards | Science & Research Department

5-11 Theobalds Road, London WC1X 8SH

Tel: 020 7092 6175/6166 | Fax: 020 7092 6001 | clinical.standards@rcpch.ac.uk

NICE Mifamurtide for the treatment of osteosarcoma Appraisal Consultation Document (ACD) Royal College of Paediatrics and Child Health response

30 July 2010

Thank you for inviting the Royal College of Paediatrics and Child Health to comment on this ACD. Please find our response below.

With thanks to:

Section number	Comments
3.6	<p>The College is concerned that the Evidence Review Group has negatively assessed efficacy on the basis of sub-group analysis, for which the original study was not empowered.</p> <p>The relevant comparison should be between chemotherapy + mifamurtide compared with chemotherapy without. The data shows a significant improvement in overall survival with the addition of the product and improvement of disease free interval (though not to the same level of statistical significance). (Reference section 3.2)</p> <p>The issue of efficacy is supported by the phase III data within this trial of an orphan product. This is the first major improvement in survival seen in osteosarcoma in the past one –two decades and deserves re-review.</p>
3.7	<p>We are concerned that there is excessive weight attributed to the adverse event of hearing loss in the calculation of survival morbidity. Documented objective hearing loss is a known hazard of Cisplatin based therapy; the levels of hearing loss in the whole study are less than usually documented for all groups. Rarely, patients require hearing aids to augment hearing, as functionally high frequency hearing loss is compatible with normal activities without aids. Therefore, the significance of this in the long term economics of survivorship should be adjusted more favourably in the Mifamurtide group.</p> <p>The statistical analysis does not take into account the known huge inter- individual variability to tolerance of Cisplatin (Pharmacogenomics Oct 2008;9(0):1521–30), which may well explain the slight increase in ototoxicity in the Mifamurtide group.</p>

If you have any questions, please contact me by email on clinical.standards@rcpch.ac.uk or by telephone on 020 7092 6175.

Kind regards

Post 5-11 Theobalds Road, London WC1X 8SH | Tel 020 7092 6175

Web www.rcpch.ac.uk/clinicalstandards