

HEALTH TECHNOLOGY APPRAISAL: NICE Multiple Health Technology Appraisal Lapatinib and trastuzumab (with aromatase inhibitor) for locally advanced or metastatic breast cancer 2nd Appraisal Consultation Document (ACD)	
TO: NICE	FROM: Healthcare Improvement Scotland

1. Do you consider that all the relevant evidence has been taken into account? *If not, what evidence do you consider has been omitted, and what are the implications of this omission on the results?*

I agree, I think relevant evidence have been taken into consideration.
2. Do you consider that the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence? *If not, in which areas do you consider that the summaries are not reasonable interpretations?*
3. **The current clinical practice is to offer combination chemotherapy and Herceptin for this group of patients, however, this is the case as the Herceptin / AI combination is not available within NHS. I think you will find that most clinicians will consider Herceptin / AI combination their first choice if this is made available to them. The conclusion states that Clinicians choice is to give chemo / Herceptin is not a valid one in my view. It is very unlikely that an overall survival will be noticed in this group of patient and PFS end point in my view is justified.**
4. Are the provisional recommendations of the Appraisal Committee sound and do they constitute a suitable basis for the preparation of guidance to the NHS? *If not, why do you consider that the recommendations are not sound?*
Generally sound and reasonable recommendation taking the cost factor into account.
5. Are the patient pathways and treatment options described in the assessment applicable to NHSScotland? *If not, how do they differ in Scotland?*
Yes. Very similar.
6. Would the provisional recommendations change the patient pathways and/or patient numbers in NHSScotland? *If so, please describe what these changes would be.*
I do not expect a change in patient pathways. The expected number for potentially eligible patients in Scotland is in the region 20-40 patients / year based on a figure of 4000 new cases / year and that 15% are HER2 + of whom 50% are ER+.

Do you think there is any reason why this provisional guidance would not be as valid in Scotland as it is in England and Wales? *If yes, please explain why this is the case.*
No.