YMDDIRIEDOLAETH GIG FELINDRE

VELINDRE NHS TRUST

11th July 2013

Single Technology Appraisal (STA)

Aflibercept for the treatment of metastatic colorectal cancer which has progressed following prior oxaliplatin-based chemotherapy [ID514].

Dear Expert Panel and NICE appraisal team,

Thank you for the opportunity to respond to the recent STA provisional guidance ID514. Please consider this letter as expressing the views of the Colorectal cancer Oncologists in Wales as per listed names below.

Whilst appreciating the provisional guidance and the detail that has been examined in developing this guidance, we wished to raise and emphasise a number of issues, for consideration by the expert panel:

1. Clinically this drug is effective in this cohort of patients.
2. The number of patients who would be appropriate to receive this therapy within England and Wales is relatively small and perceived by this group to come beneath the threshold of guidance for rare indications. Thus, as an end of life therapy this treatment would have relatively insignificant economic impact.
3. Aflibercept is available through the “Cancer Drug Fund” throughout England and will remain so after full guidance is issued.
4. Wales is currently the only contributing country under which NICE guidance is of significant impact, thus as a group of oncologists with responsibility for patients in Wales, we feel that our voice should have significant bearing upon final decisions.
5. It is now evident that there is an economic impact which to date has not been fully assessed or debated; in terms of an institution or nations inability to offer patients “standard of care “. Such a phenomenon impacts upon inward investment by pharma and technology companies and dis-enfranchises patients from the opportunity of being recruited to clinical trials.
6. Whilst we as a group do not profess to be health economists it strikes us that the overriding deciding factor over the guidance for this therapy is a health economics issue. When differing models are used a huge variety in terms of cost per QALY is achieved. We would argue that when a decisions is being made in terms of a therapy that undeniably offers physical benefit to patients and their

families and such uncertainty exists, that the benefit of the doubt should side toward the patient benefit rather than the uncertainty of an economic argument for a small sub group of patients with a terminal diagnosis.

Your deliberation of these points is much appreciated.

Yours sincerely

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On behalf of Specialist Consultant colorectal cancer Oncologists in Wales:

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