Royal College of Physicians
11 St Andrews Place
Regent's Park
London NW1 4LE
Tel: +44 (0)20 3075 1560

www.rcplondon.ac.uk

c/o
[redacted]

From The Registrar
[redacted]

6 May 2014

Dear Sir or Madam

Re: ECD: Atypical haemolytic uraemic syndrome (aHUS) - eculizumab [703] – Amended response following HST reference points report

The Royal College of Physicians (RCP) plays a leading role in the delivery of high quality patient care by setting standards of medical practice and promoting clinical excellence. We provide physicians in the United Kingdom and overseas with education, training and support throughout their careers. As an independent body representing over 29,000 Fellows and Members worldwide, we advise and work with government, the public, patients and other professions to improve health and healthcare.

I write on behalf of the Renal Association and the RCP with regard to the above consultation. We are grateful for the opportunity to respond and would like the make the following amended joint submission.

- Our experts agree that Eculizumab provides a step change in the management of aHUS, which is a devastating condition with potentially intractable outcomes.

- We agree that all the relevant evidence has been taken into account, notwithstanding unpublished observations (see below) that may provide new data in the near future.

- We agree that the clinical considerations have been well summarised and linked to the economic benefits of the treatment.

- We agree strongly with the conclusion that the optimal length of treatment with Eculizumab, both in terms of treatment interval and length, is completely undetermined. There are no good biological parameters such as complement activation status that can be used as a surrogate clinical marker of efficacy.

- We would like to see data from drug development that guided the initial dosage amount and interval that is currently recommended.

- We are aware of data presented in abstract form at international meetings that suggest patients who are stable can (relatively) safely reduce frequency of dosage (to 3-5 weeks), or stop Eculizumab

completely with daily dipstick urine monitoring for relapse. These are small numbers (13-23 patients), and need peer review, but indicate protocols that can be more formally tested to guide future use.

- We agree with the conclusion that existing specialist centres are adequately staffed, and do not require additional infrastructure to deliver the new technology. However, the report does not specify what constitutes a specialist centre. In our view the tertiary paediatric centres across the UK already providing access to this therapy possess the relevant expertise and staffing. Consideration should be given to how the technology is delivered in adult renal centres, where the prevalent and incident patient load is considerably diluted between centres. Some of these centres may require access to nationally or regionally based expertise to guide clinical management, and transplantation.

- Mutation testing should be universally utilised and documented in order to guide responses to Eculizumab in the future. For example, in the retrospective study C09-001r there is no information on mutation status of the patients who withdrew, and subsequently did or did not relapse.

- We are concerned that an international aHUS registry run by the company may not satisfy strict patient confidentiality criteria. This needs to have independent oversight and stringent anonymity rules.

- We agree with the overall recommendation that a justification of the cost of Eculizumab to the NHS needs to be provided by the company. We also agree with the proposed recommendation for further research into dosing and long-term outcomes.

- We are concerned that there is a possibility that the treatment will ultimately not be recommended by NICE, and in that circumstance will not be available to our patients, in who there is a clear benefit clinically. Also, what would happen to patients already on the drug? Does the committee have a way of managing this scenario?

- We see no grounds for unlawful discrimination in this report.

Yours faithfully

[redacted]