

Dear Bijal

Thank you for your e mail. Yes I consider that all the relevant facts have been taken into account. My over-riding concern is that lapatinib does not have an overall survival advantage, something one would hope for in 'last line' therapy. In earlier therapy survival is harder to obtain, due to subsequent cross over but in later therapy it should be sought after and ideally a significant difference found.

Having said this, it is an oral tablet, for use in a very specific population, and one in whom there are no other therapeutic options for. It is safe and well tolerated and the toxicities appear related to the concurrent capecitabine that is taken with it.

It is difficult to say with any certainty, due to lack of robust evidence, whether re-treatment with Herceptin should represent a comparator arm in cost-effectiveness analyses at least.

Overall, the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence, and that the preliminary views on the resource impact and implications for the NHS are appropriate and covered by the documents. The provisional recommendations of the Appraisal Committee are sound and constitute a suitable basis for the preparation of guidance to the NHS.

Thank you in advance for asking my opinion. I would be delighted to help out in future projects.  
Best wishes

Justin

*Justin Stebbing*

[Redacted signature block]