

<b>HEALTH TECHNOLOGY APPRAISAL: Bevacizumab and cetuximab for the treatment of metastatic colorectal cancer Appraisal Consultation Document (ACD)</b>	
<b>To: NICE</b>	<b>FROM: NHS Quality Improvement Scotland</b>

Reviewer 1

*Whether all the relevant evidence has been taken into account?*

I do.

*Whether 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?*

I do consider the summary of the clinical effectiveness data is reasonable.  
I am not qualified to comment on the details of the cost effectiveness analysis.

*Whether the provisional recommendations of the Appraisal Committee are sound and constitute a suitable basis for the preparation of guidance to the NHS?*

I agree in so much as the document acknowledges the effectiveness of these agents, but states that the “accepted” level of appropriate cost-effectiveness is not achieved. It is not for me to comment on the appropriateness of the “accepted” level threshold which has been applied.

I would also comment that planned review in 3 years, should allow some flexibility for 1 or other agent to be reconsidered earlier if important new data are forthcoming.

Reviewer 2

*Whether all the relevant evidence has been taken into account?*

Bowel Cancer UK has submitted comprehensive evidence of the efficacy of both these treatments, from the charity, clinician and patient perspectives. We hope that this and other evidence has been taken fully into account in both the NICE and SMC appraisals of these drugs.

*Whether 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?*

Bowel Cancer UK believes, from the evidence that we have gathered and submitted, that both these treatments are extremely effective and should be made available to all patients that will benefit from them. Furthermore, the treatments should be made available on the basis of their efficacy and not be denied to patients on the grounds of cost – which seems to be the sole basis for the provisional negative guidance relating to them.

*Whether you consider that the provisional recommendations of the Appraisal Committee are sound and constitute a suitable basis for the preparation of guidance to the NHS?*

Bowel Cancer UK is very disappointed with the provisional guidance because it indicates that these two biological agents will not be made available on the NHS, despite their proven efficacy and potential benefit to many bowel cancer patients.

It is ironic that while the UK has been in the forefront of developing both these drugs, including the clinical trials, it looks as if we shall, once again, be at the very back of the queue when it comes to being able to make them available to patients. It is also very hard not to become frustrated and cynical when NICE appears to be making decisions on the basis of financial expediency rather than clinical efficacy. We shall continue to campaign for increased access to these valuable treatments and call on NICE to reconsider its decision and make these drugs available to patients that need them.

Reviewer 3.

This ACD advises that neither bevacizumab nor cetuximab be recommended for routine use in the NHS for first- or second line treatment of metastatic colorectal cancer respectively. The most necessary trial information is not available for cetuximab, in that direct comparisons of best standard treatment +/- cetuximab have not yet been reported. The survival benefits, although statistically significant, are marginal and bought at the expense of significant additional toxicity. The cost effectiveness estimates are therefore not compatible with the requirements for routine adoption and the case for further use to be confined to within research

settings seems clear. I have no doubt that if the final recommendation is unchanged, it will be equally applicable in Scotland as in England and Wales.

23 June 2006