

Natalizumab for Multiple Sclerosis

Comments on Appraisal Consultation Document (ACD)
Name of Commentator Dr T F G Esmonde on behalf of DHSSPSNI
Conflict of Interest Declaration
<p>Please state if, at any time, you have had any involvement with the health care industry or manufacturers (as listed in the list of stakeholders) in relation to the technology being appraised and have personally received payment or material benefit from that work. If so, please provide details including the date of your last involvement.</p> <p>I am a consultant neurologist employed in full-time NHS practice. As such, I have a number of patients with multiple sclerosis under my care. I have not received payment in relation to the therapy (natalizumab) under appraisal.</p>
Comments on Natalizumab for Multiple Sclerosis
<p>Despite the evidence produced by the pharmaceutical industry, and the beliefs of patients who have received this treatment, I am minded to agree with the determinations produced in the Appraisal Consultation Document. In particular, I believe:</p> <ol style="list-style-type: none">1. That there is insufficient evidence of long term gain in the treatment which outweighs its costs. This money could be far more effectively used elsewhere in the diagnosis, and management of multiple sclerosis.2. That the use of the AFFIRM data, and its subgroup analysis is methodologically imperfect. There appear to be significantly unequal numbers in the treatment vs placebo groups.3. That further use of the data from the AFFIRM trial showed an almost equal rate of steroid use in the treatment vs placebo groups. Steroid therapy is a useful surrogate marker of severity of relapse, and thus this does not show a convincing benefit for natalizumab.4. That the discrepancy between the lack of benefit in life quality not being mirrored in both SF-36 and MS Quality of Life measures when comparing natalizumab with placebo cannot be attributed to differing constructs in the instruments used.5. That there is a real difficulty in determining the defining rapidly evolving multiple sclerosis. This difficulty would seriously impair the just allocation of this expensive treatment. <p>At the present time, I therefore agree that natalizumab cannot be considered a cost-effective treatment for rapidly evolving multiple sclerosis. I would like to add my voice to the calls for more rigorously designed and longer trials of this therapy so that its true worth can be determined.</p>