National Institute for Health and Clinical Excellence

Appraisal Consultation Document

Pemetrexed disodium (ALIMTA) for the treatment of malignant pleural mesothelioma

Response from the June Hancock Mesothelioma Research Fund (JHMRF)

JHMRF is grateful for the opportunity to comment on the Appraisal Consultation Document and to contribute to the HTA appraisal recommendations for the use of pemetrexed disodium for the treatment of malignant pleural mesothelioma. In response to the specific points raised in your letter:

i) JHMRF is satisfied that all the relevant evidence available was included in the report. The systematic review covered not only published reports and scrutiny of the reference lists of retrieved articles but also used internet searches to find details of ongoing clinical trials and other "grey literature" reports, as well as hand searches of documents from relevant conference proceedings. The list of consultees invited to contribute to the evidence was comprehensive and included patients' and carers' perspectives.

ii) Given the paucity of scientific evidence available for comparison, JHMRF consider that the summaries of clinical and cost effectiveness were fair. The Assessment Group only identified one Phase III randomised controlled trial of pemetrexed disodium, the EMPHACIS Study, the results of which formed the basis for the assessment of the clinical effectiveness of pemetrexed. Notwithstanding that this evidence was sufficient for the granting of a licence for the use of pemetrexed disodium, JHMRF feel that there are still considerable gaps in knowledge about the benefit of pemetrexed disodium compared to other (less costly) chemotherapy regimens. Moreover there is still little evidence that any single agent or combination chemotherapy offers a survival advantage to patients when compared to best supportive or active supportive care. While the results of the MS01 trial will go some way to answering this question, we would urge NICE to recommend that further trials of pemetrexed disodium and other chemotherapy agents are necessary to provide additional evidence.

iii) There is no conclusive evidence that provides a sound clinical basis on which to recommend that the NHS should provide pemetrexed disodium as a treatment option for malignant pleural mesothelioma, and the economic evaluation has shown that the cost implications of pemetrexed are high. In view of this finding the provisional recommendations appear reasonable. However, in consideration of the fact that mesothelioma is a terminal disease that is acquired principally by occupational exposure, and for which few treatment options are available, JHMRF request that NICE give consideration to changing their recommendation to the NHS to allow the continued use of pemetrexed until the results of the MS01 trial are known. As the manufacturers (Lilly) have no plans for further clinical trials of pemetrexed in the UK, this will ensure that patients are not disadvantaged by limiting access to pemetrexed to clinical trial settings alone.

With regard to the date set for review of the NICE recommendations: Recruitment to the MS01 trial has been slower than predicted and it is not expected that the required sample size will be achieved before summer 2006. This will delay the analysis and publication of results. Consequently, although an earlier review would be desirable, the proposed date of May 2008 seems to be a realistic in order to ensure that the results of MS01 can be taken into consideration.

In addition, JHMRF would like to submit that in view of the considerable impact that treatment with platinum-based and other combination chemotherapy regimens can have on quality of life for patients more needs to be known about the trade-off patients are prepared to make between the toxic effects of treatment and potential outcomes. JHMRF consider that studies are needed specifically to address this issue for patients with malignant mesothelioma. Participants in the EMPHACIS trial, for example, were undergoing a relatively lengthy (median 15 week) treatment to gain a moderately small (around 12 week) improvement in survival. We would therefore urge NICE to recommend that studies into this aspect of patient choice are commissioned.

JHMRF would also suggest that NICE give careful consideration to the production of a lay summary that will interpret the results of the Evaluation Report in a format that is accessible to, and understood by, service users. This is particularly important in view of the recent press and media coverage of the preliminary findings of the NICE review, and the specific circumstances of the patient group that it will need to address.

JHMRF/KMH/April 2006