

Subject:FW: NSCLC - Gefitinib Appraisal Consultation Document

Good afternoon

Thank you for giving the Welsh Assembly Government the opportunity to comment on the above appraisal. We would like to submit the following comment;

Lung Cancer Specialist Oncologists in Wales are very disappointed with NICE's proposal not to recommend gefitinib for use in the NHS.

80% of patients do not survive a year and up until now, with the development of targeted therapies, oncologists have not been able to predict which patients will respond to chemotherapy - less than 50% of those are treated derive any benefit. Compared to patients on chemotherapy, patients on gefitinib are far more likely to;

1. Have their cancers shrink (response rate 75% with gefitinib vs. 43% with chemotherapy)

- 2. Have a better quality of life and
- 3. Have fewer side effects

With gefitinib, we have a targeted therapy that works in 75% of patients whose tumours show mutation of EGFR. The data indicate that for this small group of patients (10% of NSCLC) gefitinib is a major advance over standard chemotherapy being both more effective and less toxic.

The introduction of gefitinib as 1st line therapy would allow effective sequencing of the drugs that are available. Patients would be spared ineffective treatment and thus save NHS costs. Specifically, patients receiving gefitinib will not get second line erlotinib which is the NICE approved second treatment of choice for these patients. It is difficult therefore for the clinician to accept the NICE appraisal and continue with the current treatment pathways.

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