

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Single technology appraisal (STA)

Pazopanib for the first line treatment of advanced and/or metastatic renal cell carcinoma

Thank you for agreeing to give us your views on the technology and the way it should be used in the NHS.

Patients and patient advocates can provide a unique perspective on the technology, which is not typically available from the published literature.

To help you give your views, we have provided a template. The questions are there as prompts to guide you. You do not have to answer every question. Please do not exceed the 8-page limit.

About you

Your name: Bill Savage

Name of your organisation: [REDACTED]

Are you (tick all that apply):

Xa patient with the condition for which NICE is considering this technology?

- a carer of a patient with the condition for which NICE is considering this technology?
- an employee of a patient organisation that represents patients with the condition for which NICE is considering the technology? If so, give your position in the organisation where appropriate (e.g. policy officer, trustee, member, etc)
- other? (please specify)

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What do patients and/or carers consider to be the advantages and disadvantages of the technology for the condition?

1. Advantages

(a) Please list the specific aspect(s) of the condition that you expect the technology to help with. For each aspect you list please describe, if possible, what difference you expect the technology to make.

Tumour shrinkage
Extended survival
Reduced side effects

(b) Please list any short-term and/or long-term benefits that patients expect to gain from using the technology. These might include the effect of the technology on:

- the course and/or outcome of the condition
- physical symptoms
- pain
- level of disability
- mental health
- quality of life (lifestyle, work, social functioning etc.)
- other quality of life issues not listed above
- other people (for example family, friends, employers)
- other issues not listed above.

mRCC has a poor survival outcome . Pazopanib offers :

- Tumour shrinkage
- Good survival gains
- It is an oral drug
- It is well tolerated though with manageable side –effects
- It offers patients choice . Clinicians are learning the administration regime for VEGF inhibitors and patients are responding differently to drugs such as sunitinib which has a worse toxicity profile and worse side –effects than pazopanib

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What do patients and/or carers consider to be the advantages and disadvantages of the technology for the condition? (continued)

2. Disadvantages

Please list any problems with or concerns you have about the technology.

Disadvantages might include:

- aspects of the condition that the technology cannot help with or might make worse.
- difficulties in taking or using the technology
- side effects (please describe which side effects patients might be willing to accept or tolerate and which would be difficult to accept or tolerate)
- impact on others (for example family, friends, employers)
- financial impact on the patient and/or their family (for example cost of travel needed to access the technology, or the cost of paying a carer).

Pazopanib was documented side-effects :

- Fatigue
- Nausea
- Hypertension
- Vomiting
- Hair colour changes

The side-effects are reported as less than sunitinib and are tolerated quite well .

3. Are there differences in opinion between patients about the usefulness or otherwise of this technology? If so, please describe them.

Patients want a choice of drugs to allow clinicians to target the drug to the profile of their disease and their condition

4. Are there any groups of patients who might benefit **more** from the technology than others? Are there any groups of patients who might benefit **less** from the technology than others?

No

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Comparing the technology with alternative available treatments or technologies

NICE is interested in your views on how the technology compares with existing treatments for this condition in the UK.

(i) Please list any current standard practice (alternatives if any) used in the UK.

The current treatment for mRCC is sunitinib . Other drugs such as everolimus and bevacizumab have been rejected by NICE on cost effectiveness grounds

(ii) If you think that the new technology has any **advantages** for patients over other current standard practice, please describe them. Advantages might include:

- improvement in the condition overall
- improvement in certain aspects of the condition
- ease of use (for example tablets rather than injection)
- where the technology has to be used (for example at home rather than in hospital)
- side effects (please describe nature and number of problems, frequency, duration, severity etc.)

Patients report the side-effects of Pazopanib are less than with sunitinib and that the response rates appear comparable

(iii) If you think that the new technology has any **disadvantages** for patients compared with current standard practice, please describe them. Disadvantages might include:

- worsening of the condition overall
- worsening of specific aspects of the condition
- difficulty in use (for example injection rather than tablets)
- where the technology has to be used (for example in hospital rather than at home)
- side effects (for example nature or number of problems, how often, for how long, how severe).

The side effects of Pazopanib are reported and whilst not trivial , are tolerated well by patients

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Research evidence on patient or carer views of the technology

If you are familiar with the evidence base for the technology, please comment on whether patients' experience of using the technology as part of their routine NHS care reflects that observed under clinical trial conditions.

No comment

Are there any adverse effects that were not apparent in the clinical trials but have come to light since, during routine NHS care?

No comment

Are you aware of any research carried out on patient or carer views of the condition or existing treatments that is relevant to an appraisal of this technology? If yes, please provide references to the relevant studies.

No comment

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Availability of this technology to patients in the NHS

What key differences, if any, would it make to patients and/or carers if this technology was made available on the NHS?

- Extended survival
- Choice based upon clinical opinion of the suitability of pazopanib compared to sunitinib
- Reduced side effects
- A huge boost to the RCC community to have another 1st line drug available

What implications would it have for patients and/or carers if the technology was **not** made available to patients on the NHS?

- One drug –sunitinib – is available on the NHS . It is profoundly depressing that all the other anti RCC drugs have been rejected by NICE on cost grounds even though these drugs are available in all advanced healthcare systems .Patients and carers would feel they were being treated as second class to have this drug denied .
- The implications of lower survival rates and improved side –effects are obvious

Are there groups of patients that have difficulties using the technology?

Clinicians would need to carefully assess patients with previous hypertension

Other Issues

Please include here any other issues you would like the Appraisal Committee to consider when appraising this technology.