Mr Jeremy Powell
Technology Appraisal Project Manager
National Inst for Health and Clinical Excellence
Single technology appraisal (STA)
24 August 2009

Dear Mr Powell

Re: Azacitidine for the treatment of myelodysplastic syndromes, chronic myelomonocytic leukaemia and acute myeloid leukaemia: Appraisal consultation document

Please find below my comments on the ACD. You may be aware that I was unable to participate as a consultee at the appraisal meeting due to lack of timely submission of paperwork by the cancer network who were acting on behalf of Harrow PCT and I attended the meeting as a member of the public. I have therefore not had an opportunity to express some of these comments earlier.

i) Do you consider that all of the relevant evidence has been taken into account?
Yes

ii) Do you consider that 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?
The cost of transfusion seems not to have been considered in a comprehensive manner. For example, a patient with myelodysplasia undergoing an episode of uncomplicated transfusion will usually be given 3 units of red cells every 3-4 weeks. Should platelet transfusion be required, usually this will be on a regular basis i.e. 1 unit every week or so. The cost of an episode of red cell transfusion thus includes
Cost of x units of red cells - standard cost
Cost of cross match and issue of blood -standard cost
Cost of medical and nursing care provided for the 8-10 hours of transfusion -no HRG exists, variation in cost across UK but costed as day patient or in-patient for <2 days
Cost to the NHS by use of donor time/donor product- if we assume a donor spends 1-2 hrs donating blood- hence cost to society in terms of loss of time from work; the need to comply with national guidance on streamlining use of blood and blood products
Cost to the patient in time lost for transfusion
Cost of complications- such as refractoriness to random donor products, iron overload.

These costs add up to more than just the cost of the unit of blood product. In the assessment of the ACD, the need for transfusion is significantly improved by Azacytidine in some patient groups. In my opinion, it would be useful to consider the transfusion costs more completely.

iii) Do 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?

I believe that the cost- effectiveness has to be re-addressed after calculating the true costs of transfusion. As it stands, I believe that the cost-effectiveness analysis is incomplete.

iv) Are there any equality related issues that need special consideration that are not covered in the ACD?
No

Thank you

Yours sincerely

[redacted]

Representing Harrow PCT