

Multiple Technology Appraisal (MTA)

Cetuximab (mono- or combination chemotherapy), bevacizumab (combination with non-oxaliplatin chemotherapy) and panitumumab (monotherapy) for the treatment of metastatic colorectal cancer after first-line chemotherapy (review of technology appraisal 150 and part-review of technology appraisal 118)

Comment on the Appraisal Consultation Document (ACD) and evaluation report for the above MTA by [REDACTED] on behalf of The Royal College of Pathologists

The PenTAG team is to be congratulated on both the initial appraisal and their responses to the issues raised by stakeholders and those emerging after the first consultation meeting. I have the following comments:

- Has all of the relevant evidence been taken into account?
Yes
- Are the summaries of clinical and cost effectiveness reasonable interpretations of the evidence?
 - (a) One of the interesting things to emerge is the apparent superiority of Cetuximab over Panitumumab in treating metastatic colorectal cancer. It is stated that “panitumumab provided a survival benefit relative to best supportive care, but that the magnitude of this benefit was uncertain”. However it may be worth considering whether the effectiveness of Panitumumab has been overestimated since, in the “Amgen” trial, it seems that patients with mutant Kras who were crossed over receive Panitumumab were regarded as the equivalent of best supportive care since they would not benefit from the biological therapy. However this assumes that there is no toxicity from Panitumumab which could possibly reduce survival and artefactually lower the outcome of the best supportive care group.
 - (b) Page 40 of the ACD states “the identification of further *KRAS* mutations will allow for an even better identification of people who are likely to benefit from therapy”; it would be more accurate to also include *BRAF* i.e. “further *KRAS* and *BRAF* mutations”.
- Are the provisional recommendations sound and a suitable basis for guidance to the NHS?
Yes
- Are there any aspects of the recommendations that need particular consideration to ensure we avoid unlawful discrimination against any group of people on the grounds of gender, race, disability, age, sexual orientation, religion or belief?
No
- Are there any equality-related issues that need special consideration and are not covered in the appraisal consultation document?
Page 27 of the ACD states “that *KRAS* testing is now routinely offered in the NHS”; this is not strictly speaking true as not all NHS hospitals (including teaching hospitals) have this test locally available. A more accurate statement would be “that *KRAS* testing is now routinely offered in some parts of the NHS”