Comments on the ACDII Received from the Public through the NICE Website

Name	[redacted]
Role	Patient
Other role	
Location	England
Conflict	no
Notes	
Comments on individual sections of the ACD:	
Section 1 (Appraisal Committee's preliminary recommendations)	As a prostate cancer patient, I have direct experience of SREs as I have recently had radiotherapy to my hip. It is accepted that such radiotherapy to the bone is given to prevent SREs, and also given to relieve the pain. I therefore find it illogical that NICE has chosen to separate pain relief from SRE prevention. As denosumab is licensed for the prevention of all SREs, which includes pain relief through preventing the need to intervene with radiotherapy to the bone. Therefore I think NICE should reconsider the negative recommendation in the prostate cancer setting. I am one of the lucky ones who has had bisphosphonates as part of a clinical trial and believe this has protected my bones for some time, though sadly I have now had to have radiotherapy to my hip. One of the two clinical specialists invited by NICE to provide the committee with clinical expertise at the first appraisal meeting said that they use bisphosphonates for SRE prevention in prostate cancer. However, the specialists were not invited to the second meeting, even though their view on the reason for use of bisphosphonates in prostate cancer would have been useful to this appraisal.
Section 2 (The technology)	Through this reversal of their original decision, NICE is denying prostate cancer patients access to a medicine which is available to cancer patients with breast cancer or other solid tumours, despite equally convincing clinical data.
Section 3 (The manufacturer's submission)	
Section 4 (Consideration of the evidence)	
Section 5 (Implementation)	
Section 6 (Proposed recommendations for further research)	
Section 7 (Related NICE guidance)	

Section 8 (Proposed date of review of guidance)	
Date	25/06/2012 12:56 PM