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Technology Appraisals,
NICE

17 February 2012

Dear Technology Appraisals,

Re: MTA Denosumab for the treatment of bone metastases from solid tumours

1. Although the report does not quote the comparison of zoledronate with best supportive care (BSC), from your data our health economist estimates that zoledronate is not cost effective compared to BSC with an ICER of £316,714 in breast cancer and an ICER of £293,900 in prostate cancer. Can you confirm that these figures are correct using your model? If so, it would appear that your baseline comparator, zoledronate, is not cost effective in the prevention of skeletal related events in breast and prostate cancer.
2. The NICE prostate cancer guideline (CG58) does not recommend bisphosphonates for the prevention of skeletal related events but the advanced breast cancer guideline (CG81) does. CG81 concludes that bisphosphonates are probably cost effective in breast cancer but this was based on a review of published health economics not a de-novo model. If your model shows that zoledronate is not cost effective in breast cancer we may need to update this area of our guideline. It would also be odd for a NICE Technology Appraisal to use a baseline comparator that was not cost effective.

Kind regards,

Yours sincerely,

[REDACTED], NCC-C