



**03/11/11:**

***The British Association Skin Cancer Specialist Nurses (BASCSN's) feedback re-***

***The National Institute for Health and Clinical Excellence (NICE) Appraisal consultation document 2011. Ipilimumab for previously treated advance (unresectable or metastatic) Malignant Melanoma.***

***Format of feedback:***

***The BASCSN's overall views following reviewing written evidence.***

***Individual evidence / experience in the care of people affected by this stage of disease.***

***Individual evidence / experience in the care of people who have received Ipilimumab as part of their treatment.***

“NICE have cited a very small gain in overall survival, there are many cases of patients living successfully for up to 33months following the treatment (the document mentions some surviving up to 9 years) and this is a substantial improvement in both quality of life and survival.

It is stated in the document that “approx. 30% of people will experience increased survival with this drug and 10% may have long term benefits” – this should not be ignored by NICE. The NICE committee also accepted that “Ipilimumab met the criteria for being a life-extending, end of life treatment and that the trial evidence was robust”

The fact that there has not been any other activity or end of life treatment available for stage 4 melanoma patients over the last 30 years means we need to push for something to be available for this group of patients”.

***CNS experience experience in the care of people who have received Ipilimumab as part of their treatment:***

“As health care professionals gain more experience of Ipilimumab. So the adverse event profile improves.

With robust treatment algorithms and early intervention most toxicities, are manageable with minimal impact on quality of life. I would say that most of the patients that we treated on the expanded access program tolerated the treatment well”.

“From a health care professional’s point of view, I had several patients on the early Ipilimumab studies, many of whom gained more time, and good palliation following the treatment. Some of them are still alive now several years on.

We are looking at ways to reduce the cost by treating patients on the same day so that we can ‘vial share’ to try to cut down the cost”.

“All I can add is that from personal experience of caring for patients with metastatic melanoma who have been treated with Ipilimumab, some have achieved a prolonged response of longer than the quoted median overall survival gain of 3.7 months and one patient with a young family continues to benefit, achieving prolonged response which has allowed him to continue to work and support his wife and child”.

“Ipilimumab is a step change, whose side effects can be effectively managed, and which does offer significant benefit for this small patient group”.

“It seems that at the heart of the NICE Appraisal Consultation document their decision not to recommend Ipilimumab is that despite it representing a significant innovation in the treatment of metastatic melanoma that extends life, the QALY gains are such that they don't consider it to be a cost-effective use of NHS resources”.

“We shall still not get away from post code lottery”.

## ***Conclusion:***

The BASCSN's *feels that* Ipilimumab represents a step change in treatment for advanced melanoma. Has this is the first new treatment available in 30 years.

That may offer significant palliation and possible survival gain for people with advance, form of unresectable disease that has progressed after first-line therapy.

NICE acknowledged that their understanding was that most clinicians in the UK would use Ipilimumab.

Additionally, the patient expert described succinctly the reality of late stage disease with regard to the present position re: the patients / families poor quality of life & the financial impact on individual families & society.

Considering what has already been pointed out that, Malignant Melanoma has a disproportionate number of young adults & Young adults with young families, for an adult cancer. The impact of survival would be significant regarding return to: normal life, other activities & work.

Therefore, we feel there is evidence to say that Ipilimumab will be the first treatment to address & some way improve:

- Quality of life for patients and their families at this stage of decease.
  - Financial impact on patients and their families at this stage of decease.
- Financial impact on society at this stage of decease.

In line with the:

DOH, Policy (2011). Improving Outcomes: A Strategy for Cancer. Gateway reference: 15108.

NICE (2004). Guidance on cancer services, Improving Supportive and Palliative Care for Adults with Cancer. London: National Institute of Clinical Excellence.