

## MYFANWY TOWNSEND MELANOMA RESEARCH FUND

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### Proposed denial of Ipilimumab to melanoma patients

It was a great surprise to read that Ipilimumab had been denied as a treatment for melanoma sufferers.

No effective treatment for advanced melanoma has been licensed for more than 30 years: melanoma is now one of the Diseases of the 21st Century, the second most common cancer amongst young people, and incidence has risen from c. 1 in 1500 in the 1930s to a current estimated 1 in 50.

11,700 people in the UK are diagnosed with melanoma in the UK every year.

Effective treatment is urgently required.

It has been demonstrated, and acknowledged by NICE, that Ipilimumab reflects a great step forward in the treatment for advanced melanoma, and the only therapy to have increased the one year survival rate.

The report from NICE acknowledges these facts.

The sticking point appears to be cost effectiveness: the recommended limit appears to be £30,000 per QALY gained, whilst Ipilimumab is costed at between £54,500 and £70,000 per QALY gained.

It must be remembered that this is the cost in these initial experimental stages: and that 'familiarity' and more streamlined production will inevitably reduce these costs over the next few years.

Rejection by NICE is likely to reduce work on Ipilimumab by the manufacturers, and will certainly not reduce manufacturing costs per treatment.

Therefore, rejection by NICE of a drug that has been shown (and acknowledged by themselves) to be an effective treatment for a disease that is currently untreatable is an enormous blow to every melanoma sufferer and member of their family and support group, and to the medical profession as a whole (and particularly to skin cancer specialists)

Given enthusiastic support, costs would inevitably fall and make Ipilimumab steadily more 'cost-effective'.

Cost effectiveness is the worst basis for decision making when lives are at stake.

The key question considered by NICE appears to be

**'HOW MUCH IS A YEAR OF LIFE WORTH?'**

**How much would you pay for yourself/your mother/ your child to live for another year, knowing that Ipilimumab is likely to enable this and could well be the trigger for further dramatic advances during this time?**

How many now financially acceptable and proven-effective drugs would have been 'priced out' in the early stages of their development had the NICE recommended price limits been applied?

**Final thought: what would have happened had NICE been in being when penicillin was first discovered?**

Myfanwy Townsend Melanoma Research Fund