15 April 2011

Dear [Name],

RE: FAD for vinflunine for urothelial cancer

Thank you for taking the time to review our appeal and the initial scrutiny letter.

Point 1.1

It is an appropriate observation that the points made in b) and d) are the basis for this appeal. The comments reviewed in a), c) and e) were included to illustrate the different data quality standards applied during the appraisal. These are not separate points in the appeal and we would prefer to retain reference to them, albeit much more briefly and succinctly, in our hearing.

Point 1.2

In a similar vein, we will place appropriate emphasis on point a) and c).

The comment in b) was to highlight the risk that this appraisal could dis-incentivise further research to improve survival in this disease. This is not an appeal point as such and can be omitted.

Conclusion of the Appeal

May we ask how you would like us to conclude our appeal? Establishing an agreement that the process has been unfair does not in itself suggest how the situation could be rectified. Whatever solution is proposed would require additional effort from all parties and from the perspective of a small enterprise, it would be more beneficial if this could be agreed on a collaborative basis.

The NHS faces a tremendous challenge with the treatment of urothelial cancers (mainly bladder cancer) and the UK appears to be losing ground in survival statistics. The shared goal is to reverse this decline and new treatment gives purpose and direction in the diagnostic and referral pathways. This is a collaborative process.
Figure 4.1: Average change (%) every five years in five-year relative survival, by site and sex, adults diagnosed in England and Wales during 1986-1999.
Figure 3.3: Age-standardised five year relative survival rate, by sex, bladder cancer, England and Wales 1971-2006

Reference: CRUK website: http://info.cancerresearchuk.org/cancerstats/survival/fiveyear/

Managing Director