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**tackle**  
prostate cancer  
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Dear Professor Gary McVeigh

Tackle Prostate Cancer is pleased that Degarelix has been passed for use, but once again, the conditions applied to its use make it nearly unusable.

The wording in the the ACD was much more flexible, it said:

*"recommended as an option for treating advanced hormone-dependent prostate cancer only for people with spinal metastases who are at risk of impending spinal cord compression."*

The current FAD is much more specific, it says:

*"Degarelix is recommended as an option for treating advanced hormone-dependent prostate cancer, only in people with spinal metastases who present with signs or symptoms of spinal cord compression."*

This wording removes from the consultant any discretion in the use of Degarelix.

NICE ignores the fact that it is very rare for newly diagnosed patients to present with signs or symptoms of spinal cord compression, the only circumstances in which Degarelix can be used.

NICE ignores all the of the positive benefits of this drug as stated in various studies:

*Van Poppel and Klotz. Int J Urol 2012,*

States that on average, the use of Degarelix increased PSA PFS by 7 months in patients with a baseline PSA>20ng/ml. It also states that the bone formation marker S-ALP was better controlled with Degarelix and therefore the onset of SREs could be significantly delayed. Once again, NICE seems to totally ignore the problems of bone health in advanced prostate cancer.

*Albertsen et al. Eur Urol 2014,*

States that GnRH antagonists appear to halve the risks of cardiovascular events in men with preexisting cardiovascular disease, one of the major causes of death in patients with advanced prostate cancer. There is an absolute reduction in risk of 8.2%.

*Klotz et al Eur Urol 2014*

In a study involving 1225 advanced patients, degarelix improved disease control when compared with LHRH agonists. This data confirmed data from five previously pooled studies and suggests better overall survival, better PSA progression free survival. It also confirmed a decrease in joint, musculoskeletal and urinary tract events when compared to LHRH agonists.

All of these benefits will not only save the NHS money in the long run, but will greatly improve the quality of life in advanced cancer patients.

Tackle Prostate Cancer urge NICE to think again on this FAD, not only for the patients benefit, but also for the potential long term saving of money in the NHS.

Yours sincerely

Hon. Treasurer

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