

From: John Graham
Sent: 04 November 2005 16:23
To: Alana Miller
Subject: Comments on the Assessment for the HTA on Docetaxel

As Lead Clinician to the group developing the NICE Guideline on Prostate Cancer, I would like to make the following comments on the assessment document produced by the NHS Centre for Reviews and Dissemination:

1. The document is very thorough and is an accurate summary of the literature on chemotherapy for hormone refractory prostate cancer.
2. While accepting that the health economic assessment could only be made using the survival data from TAX327, I would like to stress that in routine NHS practice greater value is placed on the symptomatic improvements in pain and quality of life when deciding whether to give chemotherapy. It is unfortunate that these benefits could not be factored into the health economics model as it would certainly have reduced the cost per QALY for docetaxel.
3. The TAX327 study specified 10 courses of chemotherapy in the 3-weekly docetaxel arm. It is unlikely that NHS physicians would give this much chemotherapy in a palliative setting. Most UK schedules use 6 courses and the 10 courses chosen in TAX327 reflect North American practice. For this reason the economics calculation using mean number of courses may in fact be a better reflection of UK practice than the median number of courses chosen for this analysis.

Dr John Graham
Consultant in Clinical Oncology
Beatson Oncology Centre
Glasgow

Lead Clinician
NICE Guideline on the management of prostate cancer