

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Health Technology Appraisal

Bortezomib for the treatment of multiple myeloma

Response to non consultee/commentator comments received from individual patients and carers, other members of the public and patient/carers organisations, on the Appraisal Consultation Document.

Main themes of correspondence

Twelve recurring themes were identified from the letters, emails and website comments. These are listed below.

Theme	Place where considered in the Final Appraisal Determination
1) The treatment is effective – certain benefits ignored by the Committee.	The Appraisal Committee discussed the position of bortezomib in the pathway of care and the evidence for the clinical effectiveness of bortezomib monotherapy, see sections 4.2 and 4.3 of the FAD. The Appraisal Committee accepted that bortezomib monotherapy is more clinically effective than HDD monotherapy.
2) The treatment is available elsewhere.	NICE has been requested by the Department of Health to provide guidance on the clinical and cost effectiveness of bortezomib for the treatment of multiple myeloma, and to give guidance to the NHS in England and Wales. The Institute recognises that guidance from other organisations may differ from its own guidance, because of different criteria for making decisions.
3) Only innovation in treatment for decades.	The Appraisal Committee was aware that bortezomib works through a novel mechanism and accepted that bortezomib monotherapy is more clinically effective than HDD monotherapy, see FAD section 2.1, 4.2 and 4.3
4) Guidance will discriminate against patients suffering from multiple myeloma.	The appraisal process, methodology and decision criteria are the same for all appraisals. See Guide

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	to the Methods of Technology Appraisal (Available from URL http://www.nice.org.uk/page.aspx?o=201974)
5) Guidance will force patients into private practice – equity.	Comment noted.
6) Conducting further trials will be unethical.	Amendments have been made in the FAD. See sections 1.1, 4.10, 4.11 and 6.1.
7) Professional discretion/British Committee for Standards in Haematology.	Comment noted.
8) Cost and cost savings not modelled correctly.	The cost-effectiveness evidence for bortezomib monotherapy in multiple myeloma is discussed in FAD sections 4.4 to 4.8.
9) Service-wide financial implications of providing bortezomib are modest.	Comment noted.
10) Guidance will hamper research into multiple myeloma.	Amendments have been made in the FAD. See sections 1.1, 4.10, 4.11 and 6.1.
11) Cost of treatment could be reduced through NHS purchasing agreements.	The Appraisals methods states that list prices are used in economic modelling. See Guide to the Methods of Technology Appraisal section 5.6.1.1 (Available from URL http://www.nice.org.uk/page.aspx?o=201974)
12) Review date.	This date has been amended, see FAD section 8.2.

**NICE Secretariat
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