

ACD                    Pemetrexed in the first line treatment of NSCLC.

Comments for and on behalf of British Thoracic Oncology Group

1. We think the appraisal committee have identified the areas that there is further evidence that could be used in the assessment e.g. other comparator drugs.

Our concern is that there is a growing body of evidence that histological subgroup and other pathological markers are important in the selection of specific drugs in the management of NSCLC. Being aware that a number of groups are actively studying this we would expect that the publication / presentation of further data is imminent. If this data confirms pemetrexed to be superior for some subgroups and the committee remains minded to recommend against then a number of patients will be disadvantaged before the proposed review date.

2. We think the clinical summary is reasonable. The cost effectiveness analysis seems to indicate that pemetrexed is cost effective for some histological subgroups and am surprised that the committee is minded to recommend against.
- 3 We think the clinical trials provide strong evidence for that pemetrexed / cisplatin is equivalent to the currently available first line chemotherapy treatments for NSCLC. Experience of the regime in the treatment of mesothelioma is that it has an acceptable side profile which compares well with cisplatin /gemcitabine and cisplatin / vinorelbine.

The trial data indicates the superiority of the pemetrexed combination in some histological subtypes also appears robust and if confirmed would change UK practice. The cost analysis data submitted indicated in these subgroups treatment may be very cost effective and issues identified by the committee need to be addressed to justify the committees' 'mind to recommend against' this technology.

- 4 Lung cancer patients generally come from the more socially and economically deprived sections of the population.