



## Comments on NICE Appraisal consultation document (ACD)

### Pemetrexed for the first line treatment of non small cell lung cancer

The evidence now suggests that pemetrexed is effective on only those 'non-small cell carcinomas' (NSCCs) of the lung that show no element of squamous differentiation; that is on 'pure' adenocarcinomas, there would be implications for histo- and cytopathologists reporting bronchial or transthoracic needle biopsies, or cytological specimens, from patients with carcinoma of the lung, if the drug came into use for the treatment of bronchial carcinoma.

This is because a simple morphological diagnosis of 'NSCC' would be no longer acceptable for targeting the use of the drug. In a morphologically poorly differentiated NSCC in which neither squamous nor glandular differentiation were evident morphologically, it would need to be sought by immunochemistry. It is likely that this can be achieved with a very high level of certainty by immunolabelling tumours for p63 protein and for TTF-1.

This is not difficult with an adequate histological specimen, but might be much more difficult with a cytological preparation. It certainly would have significant implications in terms of resources and turnaround time and interpretation might be by no means always straightforward, especially in the hands of 'non-experts'.



