

Comments on the ACD Received from the Public through the NICE Website

Name	Dr Riyaz Shah
Role	NHS Professional
Other role	Health Professional in private practice
Location	England
Conflict	No
Notes	I have recieved honoraria (for advice) and support for educational meetings from Roche(UK) in my seperate capacity as a thoracic oncologist.
Comments on individual sections of the ACD:	
Section 1 (Appraisal Committee's preliminary recommendations)	ToGA is a pivotal study in this rare cancer. This is the first time a molecularly targeted drug has been shown to benefit patients with a disease that has an otherwise dismal prognosis. Given that this is a relatively uncommon cancer (with even fewer patients fit enough to receive this technology), the guidance is disappointing. The hazard ratios for OS and PFS are substantial. It seems these patients are being treated differently to those with breast cancer.
Section 2 (the technology)	No comment.
Section 3 (manufacturer's submission)	I agree with the ERG comments on comparator arm. For this group of patients either ECX or EOX would be UK standard of care. The relative contribution of epirubicin is a difficult one to get clarity on but many clinicians would see this as a moot point.
Section 4 (consideration of the evidence)	Probably a little too much emphasis on the Wagner metanalysis. 3 trials were used to look at the anthracycline issue. 2 showed no benefit while a third showed some. The third study (Ross et al) was a large RCT comparing MCF vs ECF. While it suggested benefit for ECF, there was no OS benefit. Also MCF is a toxic treatment. Mitomycin may have been detrimental! In my practice I have found MCF to be a particularly tough treatment with many patients unable to complete a full course of treatment. The first two trials in the Wagner metanalysis are more relevant (KRGCGC and Kim et al) as these studies compare platinum + fluopyrimidine versus the same + anthracycline. Neither showed a significant benefit for anthracycline. Also, I don't think the Wagner data is from individual patient data.
Section 5 (implementation)	No comment.

<p>Section 6 (proposed recommendations for further research)</p>	<p>Waste of money. Many networks have done time in motion audits and looked at the toxicity implications of central lines/PICCs. In Kent our data clearly showed that oral 5FU was a cost neutral treatment. We have been using oral 5FU for many years. Going back to central lines/PICCs would be a retrograde step. Many other networks have seen sense and moved in this way. I think this piece of work is not needed. The world has moved on.</p>
<p>Section 7 (related NICE guidance)</p>	<p>Far too late. The whole model may change if there are price changes in herceptin and also if there are cost reductions in the testing methodology.</p>
<p>Section 8 (proposed date of review of guidance)</p>	
<p>Date</p>	<p>07/07/2010 15:47</p>