

HEALTH TECHNOLOGY APPRAISAL: NICE Multiple Health Technology Appraisal Lapatinib and trastuzumab (with aromatase inhibitor) for locally advanced or metastatic breast cancer	
Appraisal Consultation Document (ACD)	
TO: NICE	FROM: NHS Quality Improvement Scotland
	19 January 2011

Comment provided by [REDACTED]:

1. Do you consider that all the relevant evidence has been taken into account? *If not, what evidence do you consider has been omitted, and what are the implications of this omission on the results?* Yes
2. Do you consider that the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence? *If not, in which areas do you consider that the summaries are not reasonable interpretations?* Agree that not cost effective
3. Are the provisional recommendations of the Appraisal Committee sound and do they constitute a suitable basis for the preparation of guidance to the NHS? *If not, why do you consider that the recommendations are not sound? Yes they are sound*
4. Are the patient pathways and treatment options described in the assessment applicable to NHSScotland? *If not, how do they differ in Scotland?* Yes
5. Would the provisional recommendations change the patient pathways and/or patient numbers in NHSScotland? *If so, please describe what these changes would be.* NO
6. Do you think there is any reason why this provisional guidance would not be as valid in Scotland as it is in England and Wales? *If yes, please explain why this is the case.* NO

Comment provided by [REDACTED]:

1. Do you consider that all the relevant evidence has been taken into account? *If not, what evidence do you consider has been omitted, and what are the implications of this omission on the results?* Yes

1. Do you consider that the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence? *If not, in which areas do you consider that the summaries are not reasonable interpretations?* Yes

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5. Do you think there is any reason why this provisional guidance would not be as valid in Scotland as it is in England and Wales? *If yes, please explain why this is the case.*

No

6. Please add any other information which you think would be useful to NICE or helpful in guiding the Scottish response to this assessment

This guidance will result in a small number of patients, perhaps 250 – 300 per year in UK, receiving Trastuzumab plus chemotherapy at first relapse, who otherwise may have been offered Trastuzumab or Lapatinib plus an aromatase inhibitor if it were available. This pre-supposes that such patients would be deemed eligible for Trastuzumab plus chemotherapy in case of non-response or failure, but in such event a proportion of patients would be saved chemotherapy completely.

Final sentence of section 2.3 is incorrect.

Comment provided by [REDACTED]

1. Do you consider that all the relevant evidence has been taken into account? *If not, what evidence do you consider has been omitted, and what are the implications of this omission on the results?*

I agree that the relevant evidence has been taken into account.

2. Do you consider that the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence? *If not, in which areas do you consider that the summaries are not reasonable interpretations?*

I agree with the summaries being representative of the evidence.

3. Are the provisional recommendations of the Appraisal Committee sound and do they constitute a suitable basis for the preparation of guidance to the NHS? *If not, why do you consider that the recommendations are not sound?*

The recommendations are reasonable and provide suitable basis for guidance to NHS.

4. Are the patient pathways and treatment options described in the assessment applicable to NHSScotland? *If not, how do they differ in Scotland?*

Yes they are applicable to NHS Scotland.

5. Would the provisional recommendations change the patient pathways and/or patient numbers in NHSScotland? *If so, please describe what these changes would be.*

No. It is not expected to have any impact on current patients' pathway as the standard of care currently includes the use of single agent AI or chemotherapy with Trastuzumab.

6. Do you think there is any reason why this provisional guidance would not be as valid in Scotland as it is in England and Wales? *If yes, please explain why this is the case.*

No. Patients' pathways are generally similar.

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1. Do you consider that all the relevant evidence has been taken into account? *If not, what evidence do you consider has been omitted, and what are the implications of this omission on the results?*

Yes

2. Do you consider that the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence? *If not, in which areas do you consider that the summaries are not reasonable interpretations?*

Yes

3. Are the provisional recommendations of the Appraisal Committee sound and do they constitute a suitable basis for the preparation of guidance to the NHS? *If not, why do you consider that the recommendations are not sound?*

Yes

4. Are the patient pathways and treatment options described in the assessment applicable to NHSScotland? *If not, how do they differ in Scotland?*

Yes

5. Would the provisional recommendations change the patient pathways and/or patient numbers in NHSScotland? *If so, please describe what these changes would be.*

No

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No