

Thank you for sending this excellent piece of work.

The answers to your questions are given below within the original text of your email.

I am concerned that the issues of the ethnic difference in the study populations for gefitinib and erlotinib have been inadequately considered by both the manufacturer and the ERG. Have you considered the potential benefits of erlotinib, where the study population is much closer to the UK population? Have you also considered that the frequency of the EGFR mutation is relatively low in the UK? Racial issues: gefitinib is clearly effective in improving PFS in East Asians but the evidence in other ethnic groups is really only for erlotinib, so by approving one and not the other you could risk disadvantaging the majority with EGFR mutation in the UK.

I agree that there needs to be a more equitable cost differential and would support the further questions, but with the wish that erlotinib is approved as an alternative first line therapy for these patients who have a most appalling prognosis.

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Dear Consultees and commentators

You are invited to comment on the attached appraisal consultation document (ACD) for the above appraisal.

The Appraisal Committee is interested in receiving comments on the following:

- Has all of the relevant evidence been taken into account? **YES**
- Are the summaries of clinical and cost effectiveness reasonable interpretations of the evidence? **YES**
- Are the provisional recommendations sound and a suitable basis for guidance to the NHS? **SEE COMMENTS ABOVE**
- Are there any aspects of the recommendations that need particular consideration to ensure we avoid unlawful discrimination against any group of people on the grounds of gender, race, disability, age, sexual orientation, religion or belief? **YES**
- Are there any equality -related issues that need special consideration and are not covered in the appraisal consultation document?  
**PROBABLY**

If you wish to comment on the evaluation report, please do so under a separate heading from your comments on the ACD.