

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Single Technology Appraisal (STA)

Abiraterone for the treatment of metastatic castration resistant prostate cancer following previous cytotoxic therapy

Thank you for agreeing to give us your views on the technology and the way it should be used in the NHS.

Patients and patient advocates can provide a unique perspective on the technology, which is not typically available from the published literature.

To help you give your views, we have provided a template. The questions are there as prompts to guide you. You do not have to answer every question. Please do not exceed the 8-page limit.

About you

Your name: [REDACTED]

Name of your organisation: PCaSO Prostate Cancer Network

Are you (tick all that apply):

- a patient with the condition for which NICE is considering this technology?
Yes
- a carer of a patient with the condition for which NICE is considering this technology?
- an employee of a patient organisation that represents patients with the condition for which NICE is considering the technology? If so, give your position in the organisation where appropriate (e.g. policy officer, trustee, member, etc) **Chairman and Trustee of PCaSO Prostate Cancer Network, a patient support group. All officers of this charity are unpaid volunteers.**
- other? (please specify)

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What do patients and/or carers consider to be the advantages and disadvantages of the technology for the condition?

1. Advantages

(a) Please list the specific aspect(s) of the condition that you expect the technology to help with. For each aspect you list please describe, if possible, what difference you expect the technology to make.

Abiraterone has proved itself in trials to be of great benefit to patients, relieving pain, extending their cancer progression time, and with the convenience of being available in a simple daily tablet.

From a patient point of view, everyone wants to try it. Currently, there is no alternative in the UK treatment pathway, other than repeating docetaxel, which may have severe side effects. Patients who have received docetaxel and still have disease progression are not likely to receive significant benefit from repeated doses.

(b) Please list any short-term and/or long-term benefits that patients expect to gain from using the technology. These might include the effect of the technology on:

- the course and/or outcome of the condition
- physical symptoms
- pain
- level of disability
- mental health
- quality of life (lifestyle, work, social functioning etc.)
- other quality of life issues not listed above
- other people (for example family, friends, employers)
- other issues not listed above.

Short term benefits will be some relief of pain, and as the cancer is controlled, general relief of associated symptoms such as urine flow.

Abiraterone in tablet form allows patients to travel freely. This is of immense benefit to them their carers and families, and will make a major contribution to quality of life.

Long term benefits can be significant. For example, the alternative docetaxel treatment normally lasts for 6 months, after which the cancer starts to progress again. Abiraterone on trial has shown that it can be effective for up to 48 months (maybe more).

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What do patients and/or carers consider to be the advantages and disadvantages of the technology for the condition? (continued)

2. Disadvantages

Please list any problems with or concerns you have about the technology.

Disadvantages might include:

- aspects of the condition that the technology cannot help with or might make worse.
- difficulties in taking or using the technology
- side effects (please describe which side effects patients might be willing to accept or tolerate and which would be difficult to accept or tolerate)
- impact on others (for example family, friends, employers)
- financial impact on the patient and/or their family (for example cost of travel needed to access the technology, or the cost of paying a carer).

Abiraterone has shown itself to be well tolerated in trials. Therefore there are very few disadvantages. Patients are willing to accept the side effects, compared to those they would otherwise have on chemotherapy.

3. Are there differences in opinion between patients about the usefulness or otherwise of this technology? If so, please describe them.

None

4. Are there any groups of patients who might benefit **more** from the technology than others? Are there any groups of patients who might benefit **less** from the technology than others?

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Comparing the technology with alternative available treatments or technologies

NICE is interested in your views on how the technology compares with with existing treatments for this condition in the UK.

(i) Please list any current standard practice (alternatives if any) used in the UK.

Repeat of Docetaxel

(ii) If you think that the new technology has any **advantages** for patients over other current standard practice, please describe them. Advantages might include:

- improvement in the condition overall
- improvement in certain aspects of the condition
- ease of use (for example tablets rather than injection)
- where the technology has to be used (for example at home rather than in hospital)
- side effects (please describe nature and number of problems, frequency, duration, severity etc.)

Patients should experience an improvement in symptoms, which could be significant, e.g. pain.

As mentioned above, the convenience of tablets is an outstanding benefit.

The side effects of abiraterone are mild compared to the alternative of more chemo.

(iii) If you think that the new technology has any **disadvantages** for patients compared with current standard practice, please describe them. Disadvantages might include:

- worsening of the condition overall
- worsening of specific aspects of the condition
- difficulty in use (for example injection rather than tablets)
- where the technology has to be used (for example in hospital rather than at home)
- side effects (for example nature or number of problems, how often, for how long, how severe).

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Research evidence on patient or carer views of the technology

If you are familiar with the evidence base for the technology, please comment on whether patients' experience of using the technology as part of their routine NHS care reflects that observed under clinical trial conditions.

Are there any adverse effects that were not apparent in the clinical trials but have come to light since, during routine NHS care?

Are you aware of any research carried out on patient or carer views of the condition or existing treatments that is relevant to an appraisal of this technology? If yes, please provide references to the relevant studies.

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Availability of this technology to patients in the NHS

What key differences, if any, would it make to patients and/or carers if this technology was made available on the NHS?

The convenience of not having to go to hospital for treatment.

An improved quality of life (pain, mobility)

Improved morale

What implications would it have for patients and/or carers if the technology was **not** made available to patients on the NHS?

Patients would need to try more chemotherapy, which incurs costs of travel and time, also NHS costs of the chemotherapy, the nursing staff to administer, the oncologist time checking blood every 3 weeks, the chemo chair cost, and overheads associated.

Are there groups of patients that have difficulties using the technology?

None that we are aware of.

Equality

Are there any issues that require special attention in light of the NICE's duties to have due regard to the need to eliminate unlawful discrimination and promote equality and foster good relations between people with a characteristic protected by the equalities legislation and others?

None

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Other Issues

Please include here any other issues you would like the Appraisal Committee to consider when appraising this technology.

When considering the cost of abiraterone, you need to subtract the costs of alternative treatments such as docetaxel. (costs of chemo, chemo suite at hospital, staff costs, oncologists time and cost (and there is a shortage of oncologists, so might avoid hiring and training a few more).

Prolonging a patients disease progression can also postpone and/or save the increased costs associated with the most advanced disease.

There also has to be a significant value placed on Quality of Life

So the **net** cost of abiraterone will be considerably less than the gross cost.