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In reflecting on the BMS response to the ACD, submitted on the 28 October, our attention has been drawn to the data on the utility seen in progressive disease, presented on Page 44 of the BMS response.

In light of the information presented surrounding utility at timepoints before death, BMS have begun to consider whether drug-specific utilities should be used in the base case economic model (given differences in outcome). This would be in place of the pooled utilities used at present, where utility is independent of treatment received.

This analysis is presented in Table 13 of the BMS response to the ACD, and provided below with additional analyses with different vial sharing scenarios.

Scenario	Technologies	Total			Incremental			ICER (£)
		Costs (£)	LYG	QALYs	Costs (£)	LYG	QALYs	
Base Case (50% vial sharing)	BSC	£11,747	1.07	0.82				
	Ipilimumab	£89,607	2.77	2.06	£77,860	1.70	1.24	£62,632
Drug Specific EORTC Utilities (50% vial sharing)	BSC	£11,747	1.07	0.78				
	Ipilimumab	£89,607	2.77	2.09	£77,860	1.70	1.31	£59,456
Drug Specific EORTC Utilities (0% vial sharing)	BSC	£11,747	1.07	0.78				
	Ipilimumab	£92,928	2.77	2.09	£81,181	1.70	1.31	£61,991
Drug Specific EORTC Utilities (100% vial sharing)	BSC	£11,747	1.07	0.78				
	Ipilimumab	£86,286	2.77	2.09	£74,539	1.70	1.31	£56,920

Should it be required, the BMS response including developments to the model can be rerun using the proposed new base case. The revised economic model is also provided along with this letter.

We would welcome your thoughts on the analyses provided, and which utilities should be included in the base case

Yours sincerely

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Bristol-Myers Squibb