



Appraisal consultation document - Ipilimumab for previously treated advanced [unresectable or metastatic] malignant melanoma.

Thank you for the opportunity to comment on this appraisal consultation document. I have the following comments to make:

- 3.12 Vial sharing is a real option for larger centres and one we have previously discussed in Manchester. It is not without logistic challenges but our initial thoughts were that potential savings are so great, one could even justify supporting part of the salary of an administrative assistant to facilitate scheduling of patients.
- 4.4 The toxicity associated with Ipilimumab is real and needs to be managed carefully by experienced teams. However the majority of patients do not get severe adverse events and the toxicity rates (not types) are comparable with those of other accepted treatments e.g. taxane or anthracycline-based therapy for breast cancer.
- 4.3.1 Number of treatments administered. I feel the advice in the UK Marketing Authorisation for Yervoy that the majority of patients should receive four cycles of treatment is unhelpful. The MDX020 Study was a rigorously conducted clinical trial in selected centres. In this setting, 35-40% of patients did not receive four cycles of Ipilimumab, primarily due to disease progression. I expect that in main stream practice, the number of patients completing 4 cycles will be lower than in the MDX020 Study. The advice that opinion leaders are currently giving to clinicians internationally is to use 'clinical common sense' in deciding whether patients should continue on treatment.

Yours sincerely

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