

From the Chief Medical Officer
Dr Michael McBride



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydënter Heisin
an Fowk Siccar**

Castle Buildings
Stormont Estate
Belfast BT4 3SQ
Tel: 028 9076 5615
Fax: 028 90523206
E-mail: [sgu-
niceguidance@dhsspsni.gov.uk](mailto:sgu-niceguidance@dhsspsni.gov.uk)

Circular HSC (SQSD) (NICE) 17/09 TA 162

Chief Executives of HSS Boards – **for distribution to:**

Directors of Public Health
Directors of Nursing
Directors of Pharmaceutical Services
Directors of Primary Care – for cascade to prescribing and GP
Advisors

Chief Executives of HSC Trusts – **for distribution to:**

Medical Directors – for cascade to relevant staff
Directors of Nursing – for cascade to relevant staff
Directors of Pharmaceutical Services – for cascade to relevant
staff

Date: 2 March 2009

General Practitioners

HSC Clinical and Social Governance Leads

Chief Executives of HSC Special Agencies and NDPBs

For Information

Chairs of HSS Boards
Chairs of HSC Trusts
Chief Executive, Regulation & Quality Improvement Authority
Chief Officers HSC Councils
Chief Executive/Postgraduate Dean, NIMDTA
Chief Executive, NICPPET
Chief Executive, NIPEC
Chief Executive, RMSC

Dear Colleagues

**Technology Appraisal No 162 – Erlotinib for the Treatment of Non-small Cell Lung
Cancer**

Erlotinib is recommended as an alternative to docetaxel for patients with non-small-cell lung cancer (NSCLC) who have already tried one chemotherapy regimen but it has not worked. Erlotinib should be used only when the manufacturer provides the drug at the same overall treatment cost as docetaxel. This cost includes the cost of giving the drug, treatments for any side effects and the cost of monitoring patients to check that treatment is working.

If the overall treatment cost is equal, specialists should discuss with patients the potential benefits and risks of erlotinib and docetaxel before deciding which treatment to use.

Erlotinib is not recommended for people with locally advanced or metastatic NSCLC who cannot take docetaxel and have already tried one chemotherapy regimen but it has not worked.

Erlotinib is not recommended for people who have already tried two chemotherapy regimens, including docetaxel, but they haven't worked.

Healthcare professionals should not stop prescribing erlotinib for people who were already taking it when the guidance was issued. These patients should be able to carry on taking erlotinib until they and their specialist decide that it is the right time to stop treatment.

DHSSPS advises that this guidance is valid for Northern Ireland and endorses it for implementation in HSC.

The full NICE technology appraisal is available for download at:
www.nice.org.uk/Guidance/TA162

The HSC sector also should note that;

1. The Department expects HSC organisations to put plans in place within 3 months of this e-mail alert, to facilitate implementation of this guidance.
2. This guidance will be reviewed by NICE in June 2010
3. This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.
4. NICE has developed tools to help organisations implement this guidance. These are available at <http://www.nice.org.uk/Guidance/TA162> and include costing tools, implementation advice and audit criteria to monitor local practice.
5. NICE has developed related guidance as follows:

Bevacizumab for the treatment of non-small-cell lung cancer (terminated appraisal). NICE technology appraisal 148 (2008). Available for download at: www.nice.org.uk/TA148 NICE provides advice on why this appraisal was terminated and organizations who still wish to consider the use of bevacizumab should follow the advice set out in 'Good practice guidance on managing the introduction of new healthcare interventions and links to NICE technology appraisal guidance' (www.dh.gov.uk/en/DH_064983) which outlines the approach that should be adopted in circumstances where NICE guidance is unavailable.

Pemetrexed for the treatment of malignant pleural mesothelioma. NICE technology appraisal guidance 135 (2008). Available for download at: www.nice.org.uk/TA135

Pemetrexed for the treatment of non-small-cell lung cancer. NICE technology appraisal guidance 124 (2007). Available for download at: www.nice.org.uk/TA124

Lung cancer: the diagnosis and treatment of lung cancer. NICE clinical guideline 24 (2005). Available for download at: www.nice.org.uk/CG24

6. NICE is developing the following related guidance (details available from www.nice.org.uk):

Cetuximab for the treatment of advanced non-small-cell lung cancer. NICE technology appraisal guidance (publication expected July 2009).

Gefitinib for the treatment of non-small-cell lung cancer. NICE technology appraisal guidance (publication date to be confirmed).

All NICE guidance endorsed by the Department to date can be accessed on the DHSSPS website at:

[Safety, Quality and Standards | NICE Guidance | DHSSPS\(NI\)](#)

Circular HSS (PPMD) (NICE) 01/06 issued on 30 June 2006 provides further information on the Northern Ireland process for reviewing NICE guidance and further details on the local status of the Institute's guidance. This circular can be accessed at:

http://dhsspsni.gov.uk/nice_guidance_01-06.pdf



DR MICHAEL MCBRIDE
Chief Medical Officer