

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**

For Action

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

Directors of Public Health
Directors of Pharmaceutical Services
Directors of Nursing

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

HSC, Clinical and Social Care 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
Principal Pharmacist, Regional Medicines & Poisons Information Service
Chief Executive/Postgraduate Dean, NIMDTA
Chief Executive, NIPPET
Chief Executive, NIPEC
Chairman, RMSC

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Circular HSC (SQSD) (NICE) 11/08 TA135

Dear Colleagues

NICE Technology Appraisal No. 135 – Pemetrexed Disodium for the Treatment of Malignant Pleural Mesothelioma

This technology appraisal recommends pemetrexed disodium (Alimta) as a treatment option for malignant pleural mesothelioma (MPM) only in people who have a World Health Organisation performance status of 0 (able to carry out all normal activity without restriction) or 1 (restricted in strenuous activity but able to move around and carry out light work), who are considered to have advanced disease and for whom surgical resection is considered inappropriate.

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

The full NICE technology appraisal is available for download at:
<http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11909>

The HSC sector also should note that:

1. The Department expects HSC organisations to implement this guidance within 2 months of the date of issue of this e-mail alert.
2. Patients currently receiving pemetrexed who do not fall into the patient population described above should have the option to continue therapy until they and their clinicians consider it appropriate to stop.
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/index.jsp?action=byID&o=11909> and include costing tools, implementation advice and audit criteria to monitor local practice.
5. This technology appraisal guidance will be considered for review by NICE in September 2010.

Circular HSS (PPMD) (NICE)01/006 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

Yours sincerely



DR MICHAEL MCBRIDE
Chief Medical Officer