In brief

CJD study gets the go ahead: A study by the Medical Research Council to monitor pentosan polysulphate as a treatment for Creutzfeldt-Jakob disease (CJD) and variant CJD has received ethical approval from an NHS monitoring body. It follows two High Court cases in the UK, in which relatives sought use of this experimental treatment that has showed signs of slowing progress of the disease (*BMJ* 2003;327:765).

Older men less likely to receive statins: Men aged 74-85 were 60% less likely to be prescribed statins compared with men aged 62-73. This was the finding of a study of secondary prevention of coronary heart disease in British men and inequalities before and after implementation of the National Service Framework (*Journal of Public Health*, http://jpubhealth.oxfordjournals.org, doi:10.1093/pubmed/fdi053).

Children's rights to be aired: The General Medical Council is to set up a citizens' jury to examine what rights children should be entitled to when receiving medical care. The 16 member jury will hear evidence for four days in November before delivering its verdict.

Hostel dwellers have brain damage: One in five of Glasgow's homeless hostel dwellers have alcohol related brain damage, says a study in the *European Journal of Public Health* (http://eurpub.oxfordjournals.org, doi:10.1093/eurpub/cki036).

US to help Vietnam with flu surveillance: The United States has pledged $2.5m to help Vietnam build up its H5N1 avian influenza surveillance network over the next five years. The virus has killed 63 people in Asia, 44 of them in Vietnam.

Australian women are getting heavier: Australian women in their 20s have put on an average 5 kg in weight in seven years, a 40 000 strong longitudinal study of women's health has found. More than half of the middle aged subjects were found to be overweight (www.health.gov.au).

Charity says NICE takes too long to assess cancer drugs

Lynn Eaton *London*

A cancer charity is calling for reform of the way in which cancer drugs are made available on the NHS, claiming that there are sometimes delays of up to three years between a drug being licensed and it becoming widely available.

CancerBACUP, an information service for people with cancer, says that approval for a total of 23 cancer treatments is being held up because of delays in the system.

After drugs are granted a licence, they still have to be approved by the National Institute for Health and Clinical Excellence (NICE) before being prescribed routinely throughout the NHS.

"Cancer treatments should be examined within three months of a licence being granted," said the charity's chief executive, Joanne Rule.

Delays can begin with the initial referral from the Department of Health to NICE for approval. Some drugs have been waiting a year for referral, says the charity. NICE's approval process can take at least 14 months on top of that, it says.

CancerBACUP chief executive Joanne Rule: Treatments should be examined within three months of being licensed

During this period, it says, most patients find that newly licensed drugs are unavailable in large areas of the country. Treatment becomes a postcode lottery.

One treatment, rituximab for non-Hodgkin's lymphoma, is subject to a three year delay and another, cetuximab for advanced colorectal cancer, has been delayed for two and a half years, says CancerBACUP.

Instead of the current procedure, the charity says that there should be a group of experts, including oncologists, who monitor forthcoming treatments, look at outcomes from the drug within three months of it being licensed, and recommend which should be fast tracked by NICE.

NICE's chief executive, Andrew Dillon, said that NICE was trying to improve the situation. He added that there was no ban on prescribing licensed drugs that had not been appraised by NICE. The Department of Health issued instructions to the NHS in 1999 that, in the absence of NICE guidance or while guidance was being developed, local organisations should make their own assessment of available evidence before deciding how, and whether, to fund the drug locally (*Health Service Circular* 1999; (176)). □

See www.cancerbacup.org.uk.

England lags behind Scotland in assessing cancer drug

Roger Dobson *Abergavenny*

The National Institute for Health and Clinical Evidence (NICE) is looking at ways to speed up the delivery of its guidance on the use of new drugs following complaints from charities, such as CancerBACUP (see above), and the achievement of faster approval times by a comparable body elsewhere in the UK.

The Scottish Medicines Consortium, which fulfils the role of NICE in Scotland, appears able to assess drugs more quickly than its English counterpart. It has given its decision on the breast cancer drug anastrozole (Arimidex), for example, while NICE's appraisal of the drug for England and Wales is not due out until November next year.

Studies show that the drug, an aromatase inhibitor, is significantly more effective in prolonging disease-free survival and has important tolerability benefits compared with tamoxifen, when given as an adjuvant treatment in postmenopausal women with early breast cancer (*Lancet* 2005; 365:60-2).

In its advice, issued earlier this month, the Scottish Medicines Consortium advised NHS boards and area drug and therapeutic committees that anastrozole is accepted for restricted use for the supporting treatment of postmenopausal women with early invasive breast cancer which is hormone sensitive.

"Patients should be very encouraged by the news of the [Scottish Medicines Consortium] decision for Arimidex," said Jennifer Whelan, head of CancerBACUP Scotland. "But with this new choice now available to Scottish women, it is more important than ever that patients enter into a discussion with their specialist to become fully informed about the treatment options open to them."

Professor Jeffrey Tobias, a consultant in clinical oncology at University College Hospitals, London, who helped design one of the key studies of the drug, says that the gap between drug licensing and formal appraisal weakens NICE's authority.

"It is a good illustration of the gap between de facto and de jure. Things are clearly happening in England which are strictly beyond the brief, but no one is going to be able to stop it or would wish to. But the fact that the difference exists does weaken the credibility and authority of NICE because it increasingly becomes a rubber stamp. The later it publishes its appraisal the more out of step it is likely to be."

NICE's chief executive, Andrew Dillon, says that the NHS needs to have timely advice. "The institute knows that sometimes its guidance is published after drugs are licensed. It wants to minimise the time gap between licensing and publication and is actively considering solutions that may make this possible in the future." □

BMJ: first published as 10.1136/bmj.331.7518.652 on 22 September 2005. Downloaded from http://www.bmj.com/ on 19 April 2024 by guest. Protected by copyright.