

**MYELODYSPLASTIC SYNDROMES - AZACITIDINE: A CRITICAL  
APPRAISAL OF ADDITIONAL EVIDENCE SUBMITTED BY CELGENE  
AND THE MDS FOUNDATION**

**ADDENDUM TO THE SEPTEMBER 2010 REPORT BY THE DECISION  
SUPPORT UNIT**

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## **ADDENDUM STATEMENT**

At the Appraisal Committee meeting held on the 6th of October 2010, the DSU were asked to calculate the ICER for azacitidine compared to a blended comparator of best supportive care, low dose chemotherapy and standard dose chemotherapy using figures from the York Registry which were provided in the manufacturer's post-appeal submission. The DSU were asked to take the proportions receiving different types of comparator regimens from patients in the Haematological Malignancy Research Network<sup>1</sup> registry with MDS (myelodysplastic syndromes) who were classified as RAEB (refractory anaemia with excess blasts) according to the 2008 WHO classification. Estimates of the proportions were taken from Table 2, Appendix 3 of the manufacturer's post-appeal submission. Those reported to be receiving either observation only or any combination of blood and/or EPO were included in the best supportive care arm giving a proportion of 69% for best supportive care. For low dose chemotherapy and standard dose chemotherapy the proportions were 13% and 18% respectively. The ICER was calculated using a weighted mean of the costs and QALYs for each subgroup based on estimates from the manufacturer's basecase deterministic model (as reported in Table 1.1 of the manufacturer's post-appeal submission). This gave a deterministic ICER of £58,900 per QALY gained for azacitidine compared to the blended comparator.

<sup>1</sup> The HMRN registry is referred to as the "York Registry" in the manufacturer's post-appeal submission.