



A PATIENT CAMPAIGNING GROUP

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The Department of Health and Social Care in the United Kingdom has claimed that it has conducted a “robust review” of AstraZeneca’s prophylactic antibody therapy, Evusheld, and concluded that there is “currently insufficient data on the duration of protection offered” by the drug “in relation to the Omicron variant.” This u-turn is a betrayal of the most vulnerable people in the country who do not respond to vaccines and who need this therapy this winter. It puts the UK at odds with clinical, academic, patient, and global opinion.

Evusheld is a combination of two long-acting antibodies (tixagevimab and cilgavimab). It is a drug designed to protect clinically vulnerable people against Covid in cases where vaccines don’t work. A good example is people who have been on the chemotherapy drug Rituximab, which causes much worse Covid outcomes and also reduces vaccine efficacy. Another example is people with primary or secondary immunodeficiency. Evusheld is given prophylactically (that is: in advance) to stop people in this situation developing severe Covid in the first place.

The DHSC claim that they have robustly reviewed the data on Evusheld, but they have not published this review. This is government decision-making at its worst, operating behind closed doors with no scrutiny and no transparency, leaning on an invisible and unchallengeable army of “advisers.”

Further, though, it is concerning to hear that the reason that the DHSC has decided not to purchase Evusheld is that there is no data on the “duration of protection” against Omicron. Given that Omicron is a relatively new variant, no therapy has such data available. These demands have not been made of any other Covid therapeutic and the impossible standard of evidence demanded of Evusheld is exceptional.

But the reality is that there is excellent real-world Phase Four data from other countries, such as Israel and France, showing massively reduced hospitalisations and mortality rates. Our members are also less interested in the long-term, durational protection. Our members would simply like to have their first family Christmas in three years, while the protection lasts. A significant portion of vulnerable patients are experiencing mental health problems to a clinical level due to ongoing shielding.

The UK Government and its scientists are also acting against widespread clinical consensus. In July, 125 leading clinicians, led by Dr Lennard Lee of Oxford University, published [a consensus statement](#) calling for Evusheld to protect the vulnerable. Furthermore, 32 other countries around the world have appraised the same data as the UK government and decided it was good enough to purchase. The UK stands alone in abandoning its most vulnerable members of society, condemning them to perpetual isolation and shielding.

Further, this decision now exposes this group to new untold risks. The only remaining antibody therapy that we have is now Sotrovimab. This treatment has no activity against Omicron BA5.

We will be pursuing the government on this using every tool at our disposal, seeking to challenge their lack of transparency in decision-making. It is not acceptable for the government to fall back on claims of scientific advice and then not to publish the evidential basis. It is also unacceptable for the Department of Health to claim that it is “determined to support the most vulnerable” when there is such limited support available to this group and when they refuse to purchase effective therapies to prevent illness and death.

A spokesperson for Evusheld for the UK, an independent patient campaigning group, said:

This statement from the DHSC is clearly nonsense. Just last month 125 clinicians co-signed a statement showing that the evidence for Evusheld is strong. Further, real world data from Israel and France shows massive decreases in hospitalisation and mortality. This review is clearly totally against the evidence base and against international medical opinion. The UK stands alone in coming to a different stance to 32 other countries. What does our government think it knows that they do not?

Further, these hollow words will do nothing actually to protect this cohort. We need preventative treatments now, not woolly evasion and stingy cost cutting. With 25% of ICU beds occupied by immunocompromised patients, this stance endangers the NHS this winter.

The government needs to change its mind on this, rather than sacrificing the most vulnerable this winter.

ENDS

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