

# National Institute for Health and Clinical Excellence

(790) – Macular translocation with 360° retinotomy for wet age related macular degeneration

## Consultation Comments table

IPAC date: Thursday 11<sup>th</sup> February 2010

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response
				Please respond to all comments
1	Consultee 1 RNIB	1	RNIB generally welcomes the provisional recommendations made by the Advisory Committee but would like the Committee to consider an even more restrictive response. Given the high proportion of serious adverse events and the availability of effective, safe and cost-effective alternatives it is difficult to see why patients would decide to undergo this surgical procedure unless they were ineligible to receive these alternatives. The guidance should therefore include clear criteria establishing the most suitable patients for this procedure.	Thank you for your comments.  The Committee did consider making more restrictive recommendations. However it was thought that the procedure should remain available for patients with severe or refractory disorders. Section 2.1.2 of the guidance refers to the other treatment options for patients with wet AMD.
2	Consultee 1 RNIB	2.3	It is important to recognise that this procedure has only been tested in a small number of patients and that therefore efficacy data is nowhere near as robust as the data on the available alternative treatments. Patients will need to understand this difference and the fact that treatment outcomes are significantly more predictable if they opt for alternative treatments.	NICE recognises that the treatment options available have changed significantly since initial guidance was issued on this procedure in terms of the development of antivascular endothelial growth factor agents. However, the recommendations in this guidance include the requirement on clinicians to describe the uncertainties over this procedure's safety and efficacy during patient consent.  The Committee agreed to add a reference to 2.5.1 in section 1.2 to further highlight this issue.

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3	Consultee 1 RNIB	2.4	As mentioned above the Advisory Committee should consider restricting the use of this procedure further than currently proposed to protect patients. If possible the guidance should provide inclusion criteria and strong advice to patients to seek alternative treatments first.	Thank you for your comment. See also response to comment no. 2.
4	Consultee 1 RNIB	2.5	Again, in this context a clear statement that these alternative treatments are safer and likely to be at least as effective would be in the interest of patients.	Thank you for your comment. See also response to comment no. 2.

*"Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees."*