National Institute for Health and Care Excellence [IP139/3] – [Extracranial to intracranial bypass for intracranial atherosclerosis

IPAC date: September 2017

Com.	Consultee name and	Sec. no.	Comments	Response
no.	organisation			Please respond to all comments
1	Consultee 1 NHS Professional	1.1	I am writing to add my comments regarding this consultation. This procedure is currently being performed by a few UK Neurovascular neurosurgeons for indications other than intracranial atherosclerosis. The procedure is not in the standard protocol for INTRACRANIAL occlusive vascular disease. The evidence for efficacy is not in support of this method of treatment when compared to best medical management. As such the recommendation in the draft guideline is justified. The evidence which was reviewed was not confined to INTRACRANIAL occlusive disease and if so, the results may be even less supportive. That said, the NICE recommendation is such that further new evidence regarding efficacy and safety will not become available except from outside UK (or at least outside England).	Thank you for your comment. The consultee agrees the evidence for efficacy is not in support of this method of treatment when compared to best medical management. However, the consultee suggest the recommendation is too restrictive and would inhibit the generation of further new evidence regarding efficacy and safety on the procedure and requests that IPAC reconsiders its main recommendation. The existing literature on extracranial to intracranial bypass for intracranial atherosclerosis was reviewed and IPAC has considered that the efficacy and safety profiles of the procedure do not support its use. The large majority of patients reported in the overview had intracranial disease of atherosclerotic cause.

	Therefore, is there a place to consider the recommendation to change to Research with strict stipulations regarding governance, consent and audit confined to Units which are already undertaking the procedure?	
	Thank you.	
	Best wishes	

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