Healthcare Improvement Scotland

NICE Health Technology Appraisal - Assessment Report On **Dual-chamber pacemakers for treating symptomatic bradycardia due to sick sinus syndrome without atrioventricular block, part review of Technology Appraisal 88**	
TO: NICE **13 August 2014**	**FROM: Healthcare Improvement Scotland**

The assessment report goes into great detail to assess the clinical and financial implications of dual chamber versus single chamber pacemakers in patients with pure sinus node disease.

My interpretation of the report is that the authors feel that the incremental cost effectiveness ratio is relatively small, particularly for older patients (>75). This is in keeping with my own opinion on the subject, as detailed in my personal statement which I forwarded to NICE.

Comment provided to Healthcare Improvement Scotland by:
Christopher Lang, Consultant Cardiologist, Royal Infirmary of Edinburgh

The appraisal group and authors are to be congratulated for producing this comprehensive and clinically very relevant appraisal of an important area of modern cardiology practice. This must have been a difficult task where the use of pacemakers in this clinical situation did not closely reflect the previous clinical practice and when the largest RCT necessitated a recent change in the guidelines. That having been said the conclusions of the clinical and cost effectiveness reviews are pragmatic and additionally provide insight into the future. There is a sensible question about the feasibility of a further large RCT which would be prohibitively expensive and again might be overtaken by changes in technology and clinical practice guidelines before the research study could be completed. The point is well made about collecting data (presumably in prospective patient registries) about the impact on quality of life as well as the specific complications and consequences of conduction defects.

The only slight criticism I have is that I found some of the concepts and terminology used in the cost effectiveness appraisal a little difficult to follow and would have preferred more explanation in plain English for the non-cognoscenti. However this comment is probably more a reflection of this reviewer's understanding rather than a problem with the appraisal which is a welcome contribution to this high profile area of cardiology.

Comment provided to Healthcare Improvement Scotland by:
[redacted] *Cardiology Department,* [redacted]