NICE National Institute for Health and Care Excellence

NICE Medical Technologies Evaluation Programme

TECHNOLOGY SELECTION QUESTIONNAIRE

Virtual Touch Quantification has been notified as a technology for possible inclusion in NICE's medical technologies work programme. **Virtual Touch Quantification is a technology used to measure the stiffness of a patient's liver and thus determine the amount of fibrosis in the liver tissue. Liver fibrosis occurs in people with hepatitis B and C, alcoholic liver disease and other conditions such as cystic fibrosis. In these patients it is important to determine the amount of fibrosis and monitor it over time. This is usually done by performing a liver biopsy, which is invasive and can lead to complications such as internal bleeding and infection. Virtual Touch Quantification uses Acoustic Radiation Force Impulse (ARFI) technology to measure the amount of fibrosis in the liver. The procedure is non-invasive and painless, and the results are available quickly. It is claimed that Virtual Touch Quantification provides an alternative to liver biopsy at a reduced cost and with greater benefits for patients. Further information can be found at: http://healthcare.siemens.com/ultrasound/tissue-strain-analytics/virtual-touch-tissue-quantification**

The NICE Medical Technologies Advisory Committee, which includes lay people, will consider this technology and assess it against formal criteria to decide how important it is that NICE develops guidance on the technology in the future.

To inform the work of the Committee, we welcome your views on this technology, the condition it treats, and any opinions you might have as to advantages or disadvantages of adoption of the technology. We would particularly ask you to comment about this technology in comparison with existing methods of diagnosis or treatment. Any information you can provide would be helpful. If you feel that a question isn't relevant or you don't have a particular view on that question, please leave it blank.

Please note that the fact that NICE is considering this technology is confidential at this stage. Please do not elicit comments via your website, or advertise this opportunity publically in any other way. You may circulate this questionnaire internally within your organisation.

A. About you

1. Your name	**Paul Desmond**
2. Name of organisation	Hepb.org.uk

3. Job title or position	head
4. Are you (please tick all that apply)	☒ an employee of a patient/voluntary organisation relevant to the technology
	☒ a patient with a condition relevant to the technology
	☒ a carer of a patient with a condition relevant to the technology
	☒ a health professional with expertise in this area (please specify which patient or carer organisation you are linked to):
	☐ other (please specify):

B. Benefits for patients

5. What do patients and/or carers consider to be the benefits of **Virtual Touch Quantification** for identifying **liver fibrosis** compared with how the condition is currently diagnosed or monitored?

   These might include the effect of **Virtual Touch Quantification** on:

   - their physical symptoms, level of disability, pain, mental health etc.
   - their quality of life (e.g. lifestyle, work, activities of daily living etc.)
   - how quickly and/or accurately they receive a diagnosis
   - greater convenience or comfort of their investigation or treatment (e.g. outpatient rather than inpatient, less painful, quicker, less travel/expense involved for them and their carers/family)

   none they know nothing about it, I have spoken to 1700 patients and a similiar number of carers. Is it fibro scan a few have had that? The feedback from all of those was less awkward and painful

6. Do you think that there are any particular subgroups of patients with **liver fibrosis** who might get particular benefit from **Virtual Touch Quantification** compared with current management? If so, please describe who these patients are and what particular benefits they might expect.

   advanced liver hbv and hcv disease types and e antigen types for hbv can avoid a certain amount of pain and occasion serious set back to recovery

as caused by biopsy

7. Is **liver fibrosis** associated with any social stigma, which makes its diagnosis and monitoring using **Virtual Touch Quantification** a matter of particular importance for patients?

☒ **Yes** ☐ **No**

If you have ticked Yes, please explain:

nhs data is overflowing stigma isn't it? I have found just reading 100 times more infectious than HIV, in the saliva, caught by always in this order Criminal Addicts, Gay men, unhygienic people, with a dollop of Chronic carrier not positive and finally toothbrushes reduces any reader to a stigmatised view. Which is really sad for something that 1 in 5 kids catch innocently worldwide (hbv). Or 80% from healthcare (HCV). Also the NHS emphasis on listing minorities instead of 1 in 3 humans really does not help does it. Also the crying need to add the 100 times more infectious in a blood transfusion hbv addenda, something no diagnosed patient ever does!!!!! The fact that HCV is not sexual and hbv only 1 in5 are a risk is just missing. Further the growing attitude that certain things fat, heart attack, lung cancer are all your fault ailments and of course liver disease is kinda alcohol drugs right is just put into people. So yes very much admitting fibrosis whether from hep or alcohol or fat is all your fault in much nhs information. But it ups public health budgets so hugely manufacturing your fault stigma is just getting started in some ways. And the tabacco ad agencies were promised the job so here we are stigmatising away in HD 200 million campaigns like mad. Defintely the term liver biopsy resonates which alcoholic and junkie to some and scan does the same so light touch will fall into that too of course. Until we have more education on how across the board todays investigation & diagnostic tech can add 10 years to anyone's life including the your fault liver fibrosis group being rebadged as in the rest of the developed world, as actually our fault, the huge bulk of the fibrosis being from healthcare infections of viral hepatitis as a 100 million campaign. As in say france, the us, canada, everywhere else we will have fibrosis labelled as a stigma.

C. Disadvantages for patients

8. Please list any possible disadvantages or possible problems that might arise from **liver fibrosis** being diagnosed or monitored using **Virtual Touch Quantification** compared with current management.

Disadvantages might include:

- Possible side effects
- Potential to make the condition worse, or no better
- Practical difficulties, for patients and/or carers, in using the technology
- Raising the possibility of an unexpected diagnosis which might cause distress and require further investigations, which would not otherwise have been done
- Increased inconvenience for patients and/or their families (e.g. additional cost of travel, or the cost of paying a carer)

sorry surely the chaps and patients that have used it would report the above, if it can make the condition worse it needs banning post haste

D. Equalities issues

9. Do any of the following subgroups of patients need special consideration in relation to **Virtual Touch Quantification** compared to the general patient population (e.g., because they have higher levels of ill health, poorer outcomes, problems accessing or using treatments or procedures)?

Please tick all that apply. If there is a specific group within a ticked category, please give further details.

☐ Gender groups, for example: sex, sexual orientation, gender identity

☐ Specific age groups

☐ People with physical disabilities

☐ People with communication difficulties

☐ People with learning disabilities

☐ People with mental health problems

☐ People from black and minority ethnic groups

☐ People of particular religions or beliefs

☐ Any other groups

If you have ticked any of the above, please explain why they need special consideration: surely a biopsy is going to affect livers worse than this "light Touch" I don't feel livers have any of the above so equalities dont exist. However many poorly communicated to people tend to view scans as time to find out if they are dying yet, which is a sort of 6 or 12 month horror show removing most of life's meaning for them. Many patients experience this regardless of groupage, but definitely due to circumstance a poor nhs communicator is mostly culpable. Bumping into a friend relative helpline is most of what changes that scenario. We have intensely data mined the experiences of some 50 national groups and many people types but although having discernable differing needs it is the personality types that need defining and watching far far more eg the worrier, the depressive, the obsessive, the stoic, the slow to learn, the ashamed, the intelligent all have far more important issues that can be addressed far more effectively, the poor communicator.

E. Usefulness of NICE guidance on Virtual Touch Quantification

10. Is there any evidence and/or reason to believe that, if NICE does not produce guidance on **Virtual Touch Quantification** there is, or will be, difficulty for some groups of patients, or for patients in some parts of England, getting access to this technology?

☒ **Yes** ☐ **No** If you have ticked Yes, please explain

i would imagine due to cost and roll out issues services will be post code lottery

11. Do you believe that NICE guidance on **Virtual Touch Quantification** would improve equal access to the technology for all patients who might benefit from its use, throughout England?

☒ **Yes** ☐ **No** If you have ticked Yes, please explain

nice edicts tend to be listened to and with some biopsy patients not responding to anathesia and experiencing the procedure live and un dulled which is a serious amount of suffering it would be good. Further many patients with liver failure/fulminant issues are often reporting their biops set them back 3 to 6 months in recovery. Further with many units doing them for baselines when medicating hbv patients it would be one less potential agony to deal with

12. Do you believe that there are any particular obstacles or barriers to the introduction of **Virtual Touch Quantification** into the health service and/or to patients getting access to it?

☒ **Yes** ☐ **No**

If you have ticked Yes, please explain

cost

F. Timeliness and urgency

13. Are there any factors not covered in earlier sections that suggest that guidance on **Virtual Touch Quantification** ***should*** be produced as a matter of urgency, such as:

- it provides a significant change in the way **liver fibrosis** is diagnosed or monitored
- it is needed for a newly recognised disease
- it addresses an issue of significant public concern

☒ **Yes** ☐ **No**

If **yes**, please list the factors(s) that suggest an urgent need for this guidance: almost no patients understand fibrosis so it is a matter of an emotional toss up how they decide to feel about their scores many become very ill clinically depressed for no reason with a good score say stage 1 fibrosis others assume they are just waiting for a 1% survival cancer to kill them every scan, so it is these serious attendant life destroying morbidities that go with the scans that are the elephant in the room of liver scans and biopsies that need addressing urgently

G. Importance of the proposed topic

14. Are there other technologies or treatments for **liver fibrosis** that you would consider more important for NICE to develop guidance on?

☒ **Yes** ☐ **No**

If yes: please state alternative technology or treatment:

i have found with over 1700 patients and 1700 carers enduring liver scans and biopsies that clear education explaining what is actually going on gives many a renewed sense of hope in life and the desire to have partners and children. It also

removes depression and even suicidal tendencies. this education is based in explaining especially the redundancy in the liver as an organ and also its miraculous repairability and robustability aspects. basically with no fibrosis viral hepatitis types the process is to teach them they are on course to live longer than most and die of something else, especially as most are eating low fat, no alcohol, less prescription lifestyles, this creates tears of gratitude in 50% of them. For Stage 1 types very often simply the term there is scarring on your liver equates to them deciding their life expectency is very reduced and their life so to speak is out of their control, this we replace with a level one score plus normal lft's and the mentioned liver friendly lifestyle still equates to living longer than most. With level 2 to 4 fibrosis we work on the fact that with fine liver function tests it still means very little as the causitive problems alcohol, binge prescribing and fatty foods can all be dealt with and todays meds of every chance of stopping hbv and hcv in their tracks so normal life expectancy and stop worrying again, with a little fibrosis can often go from 4 to 3 over the years with a liver friendly lifestyle. On to 5 and 6 with cirrhosis and necrosis and dysphasia and major alarms of decompensating going on, or where I was and still chin up here I am 10 years later me old cocker at 52 with stage 3 fibrosis and great LFT's. Point being in extremis even more solution options are there and becoming ever more so. All this creates well being duting the scan process, I am up on 22nd May but with good LFT's there has been an attitude this is a pit stop to empower not an MOT for the scrap yard in the sky so to speak. The palette of medicines and the just as important liver friendly lifestyle tips need explaining clearly alongside scans and lft's and hep serology as a whole leaving the individual educated and able to quite simply feel in control and well and staying that way even with fibrosis. Some of this education is available on see link http://www.hepbpositive.org.uk/the rest is the 40 minute lesson usually delievered on the helpline call.

H. Other comments

15. Even if you have been unable to complete the specific questions in this questionnaire, please identify whether this is a technology you would be interested in learning more about/getting involved in if it is selected by NICE for development of guidance.

☒ **Yes** ☐ **No**

16. Please use the space below for any other comments relating to the selection or non selection of this technology for future NICE guidance:

I would like clear data on what are the side effects,
what percentage have their condition worsened
what is different is terms of process eg scans are handheld and ticklish biops are stabbing with an elephantine needle what is light touch a scan cylinder like mmr what????
Is the unexpected diagnosis a HCC case or bile duct cancer or dysphasia

or loss of recticulin framework or strange others?? I mean whatever we find it is ALWAYS better to know right? That is the purpose of trying to create such methodologies is it not?
Inconvience solely means the kit is rare and travel is far??
laura.norburn@nice.org.uk

Thank you for your time.

Please return your completed questionnaire, declaration of interests form and consent form to laura.norburn@nice.org.uk

For more information about the NICE Medical Technologies Evaluation Programme, please visit the NICE website:
http://www.nice.org.uk/aboutnice/whatwedo/aboutmedicaltechnologies/medicaltechnologiesprogramme.jsp