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Dear Natalie

Thank you for asking for comments on the Appraisal Consultation Document (ACD) on sequential use of Anti-TNF Therapy.

On behalf of the Guideline Development Group (GDG) that is currently developing the NICE Clinical Guideline for Rheumatoid Arthritis in Adults, I should like to make the following points:

1. The GDG totally supports and endorses the comments made in the response sent to you by the Arthritis and Musculoskeletal Alliance (AMRA) an organisation that includes the British Society for Rheumatology (BSR) and the National Rheumatoid Arthritis Society (NRAS).

2. The GDG is particularly concerned about rituximab now being the only allowable biological therapy for seronegative patients following the failure of a first anti TNFα inhibitor. We believe that the evidence of comparative lack of efficacy of rituximab in this particular group of patients, alluded to in the BSR response, could be interpreted as specifically disadvantaging this important group of patients. At the very least, we would urge that the use of a second TNFα inhibitor should be allowed in this group of patients.

3. Although our draft guideline is still under preparation, it is very likely that we shall be recommending that a composite score of disease activity (such as DAS28) should be measured over time in all patients with RA and that it should be used as an indicator of when to increase treatment to suppress active disease and also when to cautiously decrease medication when disease activity is low. Our Guideline will of course be totally supporting the current NICE Technology Appraisal on anti-TNF therapy, which also uses the DAS28 as a criterion for initiating these drugs and for monitoring response. We therefore strongly feel that it is illogical to base cost effectiveness recommendations in this ACD on HAQ scores (which reflect joint damage) rather than a measure which is a much better reflection of disease activity and the therapeutic need to suppress active inflammation.

As a GDG, we all take very seriously our responsibility to prepare evidence-base recommendations. We feel that the conclusions reached in this ACD do not constitute a suitable basis for the preparation of guidance to the NHS.

Yours sincerely,

[redacted] NICE RA Guideline Development Group.