



National Institute for Health and Clinical Excellence

Adalimumab, Etanercept and infliximab for the treatment of Rheumatoid Arthritis

Royal College of Nursing – RCN Rheumatology Nursing Forum

Introduction

With a membership of over 400,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

Response to NICE Health Technology Appraisal for adalimumab, etanercept and infliximab for the treatment of rheumatoid arthritis

The RCN welcomes the opportunity to review the report of the additional analysis for the above health technology appraisal. Outlined below are the RCN's initial comments on the technical content of the consultation documents:

1. The sequential use of TNF-inhibitors

The review of published evidence has been thorough. There remains many as yet little understood aspects of biologic therapies and one of the questions we would ask is that a sub analysis is considered to identify key characteristics of the responders to sequential use. For example, is it possible to see in a sub analysis if the responses differed for those treated in the first two years of diagnosis or for patients who were sero-positive for Rheumatoid Factor?

Other than the above comment, we recognise from published research evidence (in this evolving area) that the review was thorough and the analysis comprehensive.

2. Further cost-effectiveness analysis of sequential TNF inhibitors

This is an area of continual concern in relation to what constitutes cost effectiveness; how long the time frame should be for benefit to be measured, and what non health costs should be taken into account for a long term condition such as rheumatoid arthritis.

We note with interest the US study that is awaited to inform NICE in this area. Is it possible to have a report that provides a simpler explanation of how the cost effectiveness calculations were made?

3. The effectiveness of non-biologic DMARDS after anti-TNF α inhibitor failure.

We note that the evidence is seriously limited and hope that consideration of clinical and patient experts will also help to inform the appraisal committee to recognise that although limited published evidence is lacking, this reflects the obvious and disappointing outcomes seen on a regular basis in clinical practice pre-biologic therapies when all DMARDS had failed and options were returning to sub-optimal treatment and/or steroids.

We also hope that the appraisal committee recognises the statements made by clinical experts previously made at the appeal meeting – highlighting the significant improvements and changes in health and social care outcomes not adequately captured in national data until recently (e.g. joint replacement registry).