

# National Institute for Health and Clinical Excellence

## IP 992 – Radiofrequency cold ablation for respiratory papillomatosis

### Consultation Comments table

IPAC date: 13 September 2012

| Com. no. | Consultee name and organisation | Sec. no. | Comments   | Response   |
|----------|---------------------------------|----------|--|--|
| 1        | Consultee 1<br>NHS Professional | 1.4      | re: 1.4. Â I do not think that this is an appropriate registry to record this data. Â The data set is not appropriate for children and this represents a significant proportion of these patients. Â I think it is unlikely that from this data set it would be possible to transfer the information to allow reliable staging of the disease by the widely accepted staging scheme used . | Please respond to all comments<br><br>Thank you for your comment. Consultee has been contacted and are willing to participate in modifying the register so that it would be suitable for the patient population. |
| 2        | Consultee 2<br>NHS Professional | 1        | Seems acceptable as written  | Thank you for your comment.  |

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|                 |   |                 |  | Please respond to all comments   |
| 3               | Consultee 3<br>NHS Professional         | 2.1             | Whilst the reasons should be considered in general as an alternative therapy which is under evaluation and therefore patients should be in a "study" there is another class of patient who might need this treatment: That is the case with severe disease which has been refractory to other therapies or surgery and is now life-threatening. We have had one such child with a repeatedly critical airway. In this emergency setting it is valid for the surgeon to recommend coblation treatment as likely to be in the best interests of the child and unlikely to do harm. | Thank you for your comment. The recommendations do not constrain clinicians in selecting patients with respiratory papillomatosis eligible for this procedure. |
| 4               | Consultee 2<br>NHS Professional         | 2.1             | Seems acceptable as written  | Thank you for your comment.  |
| 5               | Consultee 4<br>British Thoracic Society | 2.2             | 1. There are reports of using this technique under conscious sedation and not under general anaesthesia in humans (albeit for NSCLC): cf Tanabe T et al. Chest 2010 137(4): 890-7.   | Thank you for your comment. The procedure is usually performed under general anaesthesia. The paper cited is for a different indication (lung cancer).         |
| 6               | Consultee 3<br>NHS Professional         | 2.2             | The most important part of the surgical technique is to keep the suction clear as the treatment needs irrigation with fluid to function and this has to be aspirated away to avoid the risk that fluid runs down into the lungs. Some modification of the usual suspension laryngoscopy to seek a head down position can also be safe practice in this regard.   | Thank you for your comment. Section 2.2 of the guidance is intended to be a summary of the procedure.  |
| 7               | Consultee 2<br>NHS Professional         | 2.2             | Seems acceptable as written  | Thank you for your comment.  |

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| 8               | Consultee 4<br>British Thoracic Society    | <b>2.4</b>      | 2. There are reports of chest discomfort using it, cf: paper (Tanabe T et al. Chest 2010 137(4): 890-7.) (20%).   | Thank you for your comment. The paper cited is for a different indication (lung cancer).  |
| 9               | Consultee 3<br>NHS Professional            | <b>2.3</b>      | This is not yet apparent in the paediatric population but single cases have responded well and more research is required to compare radiofrequency with alternative treatments. | Thank you for your comment. The current guidance encourages further research on this procedure.   |
| 10              | Consultee 2<br>NHS Professional            | <b>2.3</b>      | A note should be made that these are small case series and that larger studies are required   | Thank you for your comment. Section 1 of the guidance acknowledges the inadequacy of current evidence and encourages further research. As the indication is classified as an orphan disease the number of patients are small, the guidance also encourages data collection. |
| 11              | Consultee 3<br>NHS Professional            | <b>2.4</b>      | Please include chest infection and intraoperative oxygen desaturation due to irrigation fluids running inadvertently down the trachea, as a complication.                       | Thank you for your comment. These theoretical adverse events were not identified by the Specialist Advisers and will not be included.   |
| 12              | Consultee 2<br>NHS Professional            | <b>2.4</b>      | seems acceptable as written   | Thank you for your comment.   |
| 13              | Consultee 5<br>Royal College of Physicians | <b>general</b>  | The RCP is grateful for the opportunity to respond and would like to endorse the comments already submitted by the British Thoracic Society (BTS).                              | Thank you for your comment.   |

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| 14       | Consultee 3<br>NHS Professional | <b>general</b> | <p>I agree in principle with all this. A small number of UK centres have been successfully undertaking this and we have started to as well in children.</p> <p>Please note I am a specialist Paediatric ENT Surgeon working in [REDACTED] which is a tertiary referral centre for airways disease and I have been lead clinician in this role for 17 years. I believe I can be of assistance in the assessment of this treatment and we are planning to start a pilot treatment with clinical governance.</p> | <p>Please respond to all comments</p> <p>Thank you for your comment.</p> |

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