

National Institute for Health and Clinical Excellence

IP 549/2 – Autologous blood injection for tendinopathy

Consultation Comments table

IPAC date: 8 November 2012

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
1	Consultee 1 Royal College of Physicians	1	<p>The RCP is grateful for the opportunity to comment. Having consulted with our experts in sport and exercise medicine we would like to make the following comments.</p> <p>One of the failings of previous studies has been to not differentiate between tendons that were needed prior to injection of PRP/AB and those that were not. Â Dry needling in itself creates an inflammatory response and is considered a treatment in its own right. Therefore, we would suggest that the guidelines also recognise this fact in the pre-amble and request that any research should</p> <p>1) Clearly state whether dry needling was performed prior to injection</p> <p>2) Actively try to compare groups that are needed prior to those that are not.</p>	<p>Thank you for your comment. Section 1.3 of the guidance states that prior treatments should be described and recommends trials comparing autologous blood injection 'against established non-surgical methods'.</p> <p>The Committee considered the comment and section 1.3 of the guidance was changed to: Trials should clearly describe patient selection (including the site of tendinopathy, duration of symptoms and any prior treatments) and document whether a 'dry needling' technique is used.</p>

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2	Consultee 2 NHS Professional Scientific Committee of the British Orthopaedic Foot and Ankle Society	1.3	I hope I am within the time period for consultation. I thought it ran through until 24th July 2012. From a foot and ankle point of view we would suggest using a validated scoring system such as the MOX-FQ and a general sore such as the EQ 5D.	Thank you for your comment. The Committee considered your comment and section 1.3 of the guidance has been changed to include future trials should capture data on patient quality of life. References to specific scoring systems are usually given in the audit tool. Your comment will be passed to the Audit Team at NICE.
3	Consultee 3 Other	1.3	I agree that existing studies have often been too small or poorly designed. There also appears to be so many variants of the protocol that it is difficult if not impossible to compare studies	Thank you for your comment.
4	Consultee 2 NHS Professional Scientific Committee of the British Orthopaedic Foot and Ankle Society	2.1.2	? mention of anti-inflammatory medication along with analgesia	Thank you for your comment. The consultee is referring to the following statement in section 2.1.2 of the consultation document: 'Conservative treatments include rest, use of orthotic devices, physiotherapy and analgesic therapy.' The Committee considered the comment and changed the guidance to include ' <i>anti-inflammatory medication</i> ' in section 2.1.2.

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5	Consultee 3 Other	2.1.2	There is no mention here of eccentric exercise therapy, which is supported by several studies and may be more efficacious than shockwave therapy	Thank you for your comment. The consultee is referring to the following statement in section 2.1.2 of the consultation document: 'Conservative treatments include rest, use of orthotic devices, physiotherapy and analgesic therapy.' The Committee considered the comment and changed the guidance to include ' <i>eccentric exercise</i> ' in section 2.1.2.
6	Consultee 4 Private sector professional	2.2.2	It is essential to sperate out the parts of the injection - local anaesthetic deep to tendon, needling of the tendon and injection of an irritant	Thank you for your comment. Section 2.2.2 of the guidance aims to provide a simple outline of a procedure and therefore this section has summarised the different stages of the procedure.
7	Consultee 4 Private sector professional	2.2.2	High volume (50mls) saline has the best published results albeit in small numbers and without controls.	Thank you for your comment. The remit of the guidance was to examine the use of autologous blood injection using either autologous whole blood or platelet-rich plasma. The Interventional Procedures Programme does not assess the efficacy and safety of comparator interventions. One study which compared autologous blood injection with saline was identified and included in table 2.

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8	Consultee 2 NHS Professional Scientific Committee of the British Orthopaedic Foot and Ankle Society	2.2.2	Dry needling in itself is used as a treatment for this condition. If this is done prior to injecting any blood products how are we meant to know whether the injected blood is doing anything?	Thank you for your comment. The Committee considered the comment and added a Committee comment addressing this point at section 2.5 of the guidance: <i>The Committee noted that some of the published studies involved the use of 'dry needling' or 'peppering technique' before the injection of autologous blood, but it was not possible to differentiate between effects of these variations to the procedure.</i>
9	Consultee 3 Other	2.3	There are many different techniques for PRP preparation, which may account for some of the variability in response	Thank you for your comment.
10	Consultee 2 NHS Professional Scientific Committee of the British Orthopaedic Foot and Ankle Society	2.3	no newer/more convincing studies that I am aware of .	Thank you for your comment.
11	Consultee 2 NHS Professional Scientific Committee of the British Orthopaedic Foot and Ankle Society	2.3	The evidence both in the literature and anecdotal is not convincing for this procedure in foot and ankle. Bigger and better structured trials are needed to give as more reliable information.	Thank you for your comment. Section 1.3 of the guidance encourages further research in this area.
12	Consultee 2 NHS Professional Scientific Committee of the British Orthopaedic Foot and Ankle Society	2.4.3	nothing to add other than the theoretical risk to the operator of handling blood products.	Thank you for your comment. The theoretical adverse events listed in section 2.4.3 of the guidance are the opinion of the Specialist Advisers.

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13	Consultee 4 Private Sector professional	2.5.1	No evidence that PRP is better than blood and calls into question whether this is really growth factors or an irritant. There are also as above other potential benefitting factors such as local anaesthetic and needling of tendon (necessary to inject into a tendon)	Thank you for your comment.
14	Consultee 3 Other	2.5.3	I agree with the comment that Achilles tendinopathy may respond differently compared with tendinopathy at different sites	Thank you for your comment.

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