

National Institute for Health and Care Excellence

IP1301 – Balloon pulmonary angioplasty for chronic thromboembolic pulmonary hypertension Consultation Comments table

IPAC date: 11 February 2016

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response
1	Consultee 1 NHS Professional Consultant	1.3	The current recommendations "Patient selection and treatment should only be done in units specialising in the management of chronic thromboembolic pulmonary hypertension and with a regular practice in pulmonary endarterectomy." may be too proscriptive, as there is essentially on one such unit in the UK - Papworth - when there are other centres that deal with a large number of CTEPH patients elsewhere in the country. Whilst it is likely that first experience will be (and has been) at that centre, there is no reason that cases once deemed suitable for BPA could not be treated at other PH centres in the UK, though the number of centres carrying out the procedure is likely to be very small.	Please respond to all comments Thank you for your comment. Section 1.3 of the guidance has been changed.
2	Consultee 1 NHS Professional Consultant	1.3	The Pulmonary balloon angioplasty procedure should be performed by a range of individuals with appropriate training and experience, such individuals are likely to have experience of endovascular intervention, and as such may be Interventional radiologists, or cardiologists with experience of balloon angioplasty elsewhere, and of pulmonary angiography for other indications, such as treatment of AVMs. Support and backup by an appropriate clinical team is required to deal with potential side effects.	Thank you for your comment. Section 1.3 of the guidance has been changed.

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3	Consultee 2 British Thoracic Society	1.3	<p>Reword para 1.3 to:</p> <p>"1.3. After assessment at a specialist pulmonary vascular disease unit, patient selection for BPA should be via a surgical MDT in a national pulmonary endarterectomy centre (currently only Papworth in the UK). Treatment should only occur in units specialising in the management of pulmonary vascular disease unit, with adequate back-up services available in case of complications (including access to ECMO (extracorporeal membrane oxygenation), cardiothoracic surgery and vascular radiology)"</p>	<p>Please respond to all comments</p> <p>Thank you for your comment.</p> <p>Section 1.3 of the guidance has been changed.</p>
4	Consultee 1 NHS Professional Consultant	1.3	<p>As stated case selection and treatment requires a multidisciplinary approach, and is likely to be relevant only to centres that are involved in the management of Pulmonary Hypertention, and the CTEPH subgroups. Initially cases are likely to be those in whom pulmonary endarterectomy will not be offered.</p>	<p>Thank you for your comment.</p>
5	Consultee 1 NHS Professional Consultant	General	<p>This is an emerging technique that is likely to offered to a relatively small number of patients in the UK. Available literature has been reviewed and presented, and the short term outcomes/complications are well recognised.</p>	<p>Thank you for your comment.</p>
6	Consultee 2 British Thoracic Society	General	<p>Balloon pulmonary angioplasty (BPA) is an evolving treatment for a carefully selected group of patients with chronic thromboembolic pulmonary hypertension and is a welcome additional treatment option for these patients in the NHS.</p>	<p>Thank you for your comment.</p>

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7	Consultee 3 Royal College of Physicians	General	The RCP is grateful for the opportunity to respond to the above consultation. We would like to formally endorse the response submitted by the British Thoracic Society.	Please respond to all comments Thank you for your comment.

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