

About you	
1. Your name	██████████
2. Name of organisation	British Cardiovascular Society
3. Job title or position	██
4. Brief description of the organisation (e.g. who funds the organisation? How many members does the organisation have?)	National association for cardiology – as previously. Funded by members, no funding from tobacco industry.
<p>5. How did you gather the information about the experiences of patients and carers to help your submission?</p> <p>Patients identified as having lithotripsy via BCIS database at JCUH, the first 3 patients were selected and contacted by the Specialist nurse team via telephone. Each asked if happy to contribute and the rationale for the call.</p> <p>A similar exercise was conducted at Imperial in London. Four patients (out of 8 in total) responded to the questionnaire.</p>	

Living with the condition

6. What is it like to live with the condition or what do carers experience when caring for someone with the condition?

Patient 1: Long standing IHD and had learned to live with this, slower but managing

Patient 2: Suffered with angina on and off and was happy to be offered treatment to help

Patient 3: Also has lung disease and surgery was not an option and felt that he was coping better as he had been able to have some treatment on his heart without an operation, but still limited with his lungs

P4 I've had CAD for 18 years, it erodes confidence

P5 It has made me anxious/cautious that something might happen again (heart attack)

P6 I don't know any different

P7 Frustrating, thought I was healthy but now a bit anxious as I had a heart attack. Still short of breath and lower energy.

Advantages of the procedure or operation

7. What do patients (or carers) think the advantages of the procedure or operation are?

Patient 1: feeling better after the procedure

Patient 2: Now walking daily and feels greatly improved

Patient 3: Feeling improved from a heart point of view

P4 It is not very invasive, minimal recovery time, back to self in a day or two. Previous balloons had failed and this worked so he is very grateful

P5 I was worried about open heart surgery and rotablation so 'non-invasive' nature is main positive feature

P6 I don't really know

P7 Huge advantages are that it is interactive unlike open heart surgery, less invasive than rotablation or surgery. Felt like there was a greater chance of success

Disadvantages of the procedure or operation

8. What do patients (or carers) think the disadvantages of the procedure or operation are?

Patient 1,4,6,7: None

Patient 2: No disadvantages he could recognise

P5 I had very bad back pain so if the procedure is prolonged by IVL this is relevant

Patient 3: Some discomfort during the procedure but not terrible and worth it for the improvement

Patient population
<p>9. Are there any groups of patients who might benefit either more or less from the procedure or operation than others? If so, please describe them and explain why.</p> <p>The device is only really of value in patients with heavily calcified coronary arteries. There are alternative devices that can be used to overcome these very resistant lesions (rotablation especially, but also laser, very high pressure (e.g. OPN) balloons and to some extent cutting balloons/scoreflex balloons.) The device is a lot easier to use than rotablation. The device is only useful when the calcification is around a significant part of the circumference of the vessel – it needs to be on both sides of the catheter when it is in situ for it to work.</p>
Equality
<p>10. Are there any potential equality issues that should be taken into account when considering this topic?</p> <p>Older patients are more likely than younger patients to have severely calcified coronary arteries, so the device is more likely to be used in older patients than younger ones. No other equality issues.</p>
Other issues
<p>11. Are there any other issues that you would like the Committee to consider?</p> <p>2 of the 3 JCUH patients felt very well informed about the treatment option and felt the level of detail they had received was helpful and at the correct level. The patient who felt less informed felt that they themselves had not taken in all the detail but didn't feel that it would have made any difference to the overall experience.</p>
Key messages
<p>12. In no more than 5 bullet points, please summarise the key messages of your submission.</p> <ol style="list-style-type: none"> 1. The Shockwave balloon is well tolerated by patients 2. Patients were sometimes unaware of the use of the device other than being a component of the overall PCI procedure. Those that were aware of its use were very positive, comparing it favourably to balloon only PCI, rotablation or cardiac surgery (the alternative ways of treating such problems) 3. Older patients with more heavily calcified vessels may benefit more than younger patients with less calcified vessels.

Thank you for your time.

Please return your completed submission to ip@nice.org.uk