NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Interventional Procedures Programme

Professional Expert questionnaire

Before completing this questionnaire, please read Conflicts of Interest for Specialist Advisers.

Please respond in the boxes provided.

Please complete and return to: azad.hussain@nice.org.uk and IPSA@nice.org.uk

Procedure Name:	**Deep Brain Stimulation for Obsessive Compulsive Disorder**		
Name of Professional Expert:	Eileen Joyce		
Job title:			
Professional Regulatory Body:	GMC	x	☐
	Other (specify)		☐

Registration number: 2745635

Specialist Society:

Nominated by (if applicable):

1 About you and your speciality's involvement with the procedure

1.1 Do you have adequate knowledge of this procedure to provide advice?

x☐ Yes.

☐ No – please answer no more questions and return the form

Comments:

I was the Chief Investigator on a UK clinical trial for DBS for OCD

1.2 Is this procedure relevant to your specialty?

x☐ Yes.

☐ No - please answer no more questions. Please give any information you can about who is likely to be doing the procedure and return the form.

Comments:

I am neuropsychiatrist

1.3 Is this procedure performed by clinicians in specialities other than your own?

x☐ Yes – please comment

☐ No

Comments:

There needs to be a team of neurosurgeons, neurologists and psychiatrist involved

1.4 If you are in a specialty that does this procedure, please indicate your experience with it:

☐ I have never done this procedure.

☐ I have done this procedure at least once.

x☐ I do this procedure regularly.

Comments:

The only time this procedure has been undertaken in the UK is the MRC funded trial which was with 6 patients. It is not currently been undertaken.

1.5 If your specialty is involved in patient selection or referral to another specialty for this procedure, please indicate your experience with it.

☐ I have never taken part in the selection or referral of a patient for this procedure.

☐ I have taken part in patient selection or referred a patient for this procedure at least once.

☐ I take part in patient selection or refer patients for this procedure regularly.

Comments:

For the study I took part in all patient selection

1.6 Please indicate your research experience relating to this procedure (please choose one or more if relevant):

x☐ I have done bibliographic research on this procedure.

☐ I have done research on this procedure in laboratory settings (e.g. device-related research).

x☐ I have done clinical research on this procedure involving patients or healthy volunteers.

☐ I have had no involvement in research on this procedure.

☐ Other (please comment)

Comments:

I have direct research experience as the CI on the clinical trial

1.7 Please estimate the proportion of doctors in your specialty who are doing this procedure (choose one):

☐ More than 50% of specialists engaged in this area of work.

☐ 10% to 50% of specialists engaged in this area of work.

x☐ Fewer than 10% of specialists engaged in this area of work.

☐ Cannot give an estimate.

Comments:

2 About the procedure

2.1 Does the title used above describe the procedure adequately?

x☐ Yes

☐ No - If no, please suggest alternative titles.

Comments:

2.2 Which of the following best describes the procedure (choose one):

☐ Established practice and no longer new.

☐ A minor variation on an existing procedure, which is unlikely to alter the procedure's safety and efficacy.

x☐ Definitely novel and of uncertain safety and efficacy.

☐ The first in a new class of procedure.

Comments:

DBS is an established procedure for neurological disorders especially Parkinson's disease. Its application to severe mental illness is novel in the UK but there is increasing data on safety and efficacy as it is more routinely used in other countries.

2.3 What is/are the best comparator(s) (standard practice) for this procedure?

Cingulotomy and capsulotomy.

2.4 Are there any major trials or registries of this procedure currently in progress? If so, please list.

None in the UK. Several internationally on clinicaltrials.gov

1 Recruiting
NEW Deep Brain Stimulation (DBS) for the Treatment of Refractory Obsessive-compulsive Disorder (OCD)
Obsessive-Compulsive Disorder
Device: Deep brain stimulation
Sunnybrook Health Sciences Centre
Toronto, Ontario, Canada
2 Recruiting Electrophysiology of Brain Activity During Electrode Implantation in Patients Treated With Deep Brain Stimulation
Parkinson Disease
Obsessive-Compulsive Disorder
Epilepsy
Depression
Other: electrophysiological data from DBS
CHU Grenoble-Alpes
Grenoble, France
3 Recruiting Deep Brain Stimulation of the Bilateral Habenula for Treatment-Refractory Obsessive-Compulsive Disorder
Obsessive-Compulsive Disorder
Device: Bilateral surgical implantation of DBS system to habenula
Shanghai Ruijin Hospital Functional Neurosurgery
Shanghai, Shanghai, China
4 Recruiting Development of Adaptive Deep Brain Stimulation for OCD
Obsessive-Compulsive Disorder
Device: Activa PC+S DBS implant for OCD
Other: One Month Blinded Discontinuation Period
University of Pittsburgh
Pittsburgh, Pennsylvania, United States
Brown University

Providence, Rhode Island, United States
Baylor College of Medicine
Houston, Texas, United States
5 Recruiting Patient-specific, Effective, and Rational Functional Connectivity Targeting for DBS in OCD
Obsessive-Compulsive Disorder
Massachusetts General Hospital
Charlestown, Massachusetts, United States
6 Recruiting Combined Cortical/Subcortical Recording and Stimulation as a Circuit-Oriented Treatment for Obsessive-Compulsive Disorder
Obsessive Compulsive Disorder
Device: Medtronic PC+S Deep Brain Stimulation
Massachusetts General Hospital
Charlestown, Massachusetts, United States
7 Recruiting European Study of Quality of Life in Resistant OCD Patients Treated by STN DBS
Obsessive-Compulsive Disorder
Device: Deep Brain Stimulation
CHU Henri Mondor
Creteil, France
University Hospital of Grenoble Michallon
Grenoble, France
APHP La Pitié Salpêtrière
Paris, France
(and 6 more...)
8 Recruiting Reclaim™ Deep Brain Stimulation (DBS) Therapy for Obsessive-Compulsive Disorder (OCD)
Obsessive-Compulsive Disorder (OCD)
Device: Reclaim™ DBS Therapy
UT Health Science Center at Houston
Houston, Texas, United States
9 Recruiting ON/OFF Stimulation and Reward Motivation in Patients With Deep Brain Stimulators
Obsessive Compulsive Disorder
Major Depressive Disorder
Massachusetts General Hospital
Boston, Massachusetts, United States
Massachusetts General Hospital
Charlestown, Massachusetts, United States
10 Recruiting ON/OFF Stimulation and Impulsivity in Patients With Deep Brain Stimulators
Obsessive Compulsive Disorder
Major Depressive Disorder
Massachusetts General Hospital
Boston, Massachusetts, United States
Massachusetts General Hospital
Charlestown, Massachusetts, United State

2.5 Please list any abstracts or conference proceedings that you are aware of that have been *recently* presented / published on this procedure (this can include your own work). Please note that NICE will do a comprehensive literature search on this procedure and we are only asking you for any

very recent or abstracts or conference proceedings which might not be found using standard literature searches. You do not need to supply a comprehensive reference list but it will help us if you list any that you think are particularly important.

A Randomized Trial Directly Comparing Ventral Capsule and Anteromedial Subthalamic Nucleus Stimulation in Obsessive-Compulsive Disorder: Clinical and Imaging Evidence for Dissociable Effects.
Tyagi H, Apergis-Schoute AM, Akram H, Foltynie T, Limousin P, Drummond LM, Fineberg NA, Matthews K, Jahanshahi M, Robbins TW, Sahakian BJ, Zrinzo L, Hariz M, Joyce EM. Biol Psychiatry. 2019 May 1;85(9):726-734. doi: 10.1016/j.biopsych.2019.01.017. Epub 2019 Jan 30.

This is our study
There are no other publication not captured by pubmed to my knowledge

3 Safety and efficacy of the procedure

3.1 What are the potential harms of the procedure?

Please list any adverse events and major risks (even if uncommon) and, if possible, estimate their incidence:

Adverse events reported in the literature (if possible please cite literature)

Neurosurgical risks such as haemorrhage

Stimulation related hypomania

Anecdotal adverse events (known from experience)

Stimulation related hypomania or dysphoria which can be managed by changing stimulation settings

Unmasking of other mental health conditions

Theoretical adverse events

Unmasking of other mental health conditions

3.2 Please list the key efficacy outcomes for this procedure?

Yale Brown Obsessive Compulsive Scale

3.3 Please list any uncertainties or concerns about the *efficacy* of this procedure?

The main issue concerns the most appropriate brain target out of the several that have been published

3.4 What clinician training is required to do this procedure safely?

A highly skilled team of clinicians trained in neurosurgery, neuropsychiatry and the technical skills needed to monitor the stimulation parameters and battery integrity

3.5 What clinical facilities are needed to do this procedure safely?

An on-site team available 24hours with operating theatre and physiology labs as well as clinical space – as is routinely available for DBS centres currently

3.6 Is there controversy, or important uncertainty, about any aspect of the way in which this procedure is currently being done or disseminated?

It is labour intensive needing life-long commitment both from the team and patients. The question is whether this is superior to currently available neurosurgical ablation in terms of patient choice and cost-effectiveness

Patient selection criteria

4 Audit Criteria

Please suggest potential audit criteria for this procedure.

4.1 Beneficial outcome measures. This should include short and long term clinical outcomes, quality-of-life measures and patient related outcomes. Please suggest the most appropriate method of measurement for each and the timescales over which these should be measured:

We are currently looking into this with our current cohort

4.2 Adverse outcome measures. This should include early and late complications. Please state the post procedure timescales over which these should be measured.

We are currently looking into this with our current cohort

5 Uptake of the procedure in the NHS

5.1 If it is safe and efficacious, in your opinion, how quickly do you think use of this procedure will be adopted by the NHS (choose one)?

x☐ Rapidly (within a year or two).

☐ Slowly (over decades)

☐ I do not think the NHS will adopt this procedure

Comments:

5.2 If it is safe and efficacious, in your opinion, will this procedure be carried out in (choose one):

☐ Most or all district general hospitals.

☐ A minority of hospitals, but at least 10 in the UK.

x☐ Fewer than 10 specialist centres in the UK.

☐ Cannot predict at present.

Comments:

5.3 If it is safe and efficacious, in your opinion, the potential impact of this procedure on the NHS, in terms of numbers of patients eligible for treatment and use of resources:

☐ Major.

☐ Moderate.

x☐ Minor.

Comments:

6 Other information

6.1 Is there any other information about this procedure that might assist NICE in assessing the possible need to investigate its use?

Comments:

7 Data protection and conflicts of interest

7.1 Data Protection

The information you submit on this form will be retained and used by the NICE and its advisers for the purpose of developing its guidance and may be passed to other approved third parties. Your name and specialist society will be published in NICE publications and on the NICE website. The professional expert questionnaire will be published in accordance with our guidance development processes and a copy will be sent to the nominating Specialist Society. Please avoid identifying any individual in your comments.

☑ I have read and understood this statement and accept that personal information sent to us will be retained and used for the purposes and in the manner specified above. For more information about how we process your personal data please see our privacy notice

---

7.2 Declarations of interest by Specialist Advisers advising the NICE Interventional Procedures Advisory Committee

Nothing in your submission shall restrict any disclosure of information by NICE that is required by law (including in particular, but without limitation, the Freedom of Information Act 2000).

Please submit a conflicts of interest declaration form listing any potential conflicts of interest including any involvement you may have in disputes or complaints relating to this procedure.

Please use the "Conflicts of Interest for Specialist Advisers" policy as a guide when declaring any conflicts of interest. Specialist Advisers should seek advice if needed from the Associate Director – Interventional Procedures. Conflicts of Interest for Specialist Advisers

Declarations of interest form			
Type of interest	**Description of interest**	**Relevant dates**	
		Interest arose	**Interest ceased**

* Guidance notes for completion of the Declarations of interest form

Name and role	Insert your name and your position in relation to your role within NICE
Description of interest	Provide a description of the interest that is being declared. This should contain enough information to be meaningful to enable a reasonable person with no prior knowledge to be able to read this and understand the nature of the interest. Types of interest: **Direct interests** **Financial interests** - Where an individual gets direct financial benefits from the consequences of a decision they are involved in making. *For examples of financial interests please refer to the policy on declaring and managing interests.* **Non-financial professional and personal interests -** Where an individual obtains a non-financial professional or personal benefit, such as increasing or maintaining their professional reputation, from the consequences of a decision they are involved in making. *For examples of non-financial interests please refer to the policy on declaring and managing interests.* **Indirect interests -** Where there is, or could be perceived to be, an opportunity for a third party associated with the individual in question to benefit. A benefit may arise from both a gain or avoidance of a loss.
Relevant dates	Detail here when the interest arose and, if applicable, when it ceased.
Comments	This field should be populated by the guidance developer and outline the action taken in response to the declared interest. It should include the rationale for this action, and the name and role of the person who reviewed the declaration.

Thank you very much for your help.

Dr Tom Clutton-Brock, Interventional Procedures Advisory Committee Chair

Mirella Marlow Programme Director

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Interventional Procedures Programme

Professional Expert questionnaire

Before completing this questionnaire, please read Conflicts of Interest for Specialist Advisers.

Please respond in the boxes provided.

Please complete and return to: azad.hussain@nice.org.uk and IPSA@nice.org.uk

Procedure Name:	**Deep Brain Stimulation for Obsessive Compulsive Disorder**	
Name of Professional Expert:	Ludvic Zrinzo	
Job title:	Professor of Neurosurgery	
Professional Regulatory Body:	GMC	☒
	Other (specify)	☐
Registration number:	5205507	
Specialist Society:	Society of British Neurological Surgeons -SBNS	
Nominated by (if applicable):		

1 About you and your speciality's involvement with the procedure

1.1 Do you have adequate knowledge of this procedure to provide advice?

☒ Yes.

☐ No – please answer no more questions and return the form

Comments:

I have direct experience with neurosurgery for OCD (stereotactic ablation and deep brain stimulation) and have published on the subject within the peer reviewed literature

1.2 Is this procedure relevant to your specialty?

☒ Yes.

☐ No - please answer no more questions. Please give any information you can about who is likely to be doing the procedure and return the form.

Comments:

I am Professor of Neurosurgery with special interest in stereotactic functional neurosurgery, including neurosurgery for mental disorders including OCD.

1.3 Is this procedure performed by clinicians in specialities other than your own?

☐ Yes – please comment

☒ No

Comments:

DBS for OCD should be performed by a neurosurgeon. However, this should be within a multidisciplinary context including a psychiatrist and in some instances a neurologist.

1.4 If you are in a specialty that does this procedure, please indicate your experience with it:

☐ I have never done this procedure.

☒ I have done this procedure at least once.

☐ I do this procedure regularly.

Comments:

Neurosurgery for mental disorders is an underutilised procedure. To my knowledge, I am one of the few neurosurgeons in the UK that has performed this procedure in the 21st century.

1.5 If your specialty is involved in patient selection or referral to another specialty for this procedure, please indicate your experience with it.

☐ I have never taken part in the selection or referral of a patient for this procedure.

☒ I have taken part in patient selection or referred a patient for this procedure at least once.

☐ I take part in patient selection or refer patients for this procedure regularly.

Comments:

I have performed 6 DBS procedures for OCD, all within the context of an MRC sponsored randomised controlled trial.

1.6 Please indicate your research experience relating to this procedure (please choose one or more if relevant):

☒ I have done bibliographic research on this procedure.

☐ I have done research on this procedure in laboratory settings (e.g. device-related research).

☒ I have done clinical research on this procedure involving patients or healthy volunteers.

☐ I have had no involvement in research on this procedure.

☐ Other (please comment)

Comments:

1.7 Please estimate the proportion of doctors in your specialty who are doing this procedure (choose one):

☐ More than 50% of specialists engaged in this area of work.

☐ 10% to 50% of specialists engaged in this area of work.

☒ Fewer than 10% of specialists engaged in this area of work.

☐ Cannot give an estimate.

Comments:

I am not aware of any other neurosurgeon in the UK that has performed DBS for OCD.

2 About the procedure

2.1 Does the title used above describe the procedure adequately?

☒ Yes

☐ No - If no, please suggest alternative titles.

Comments:

2.2 Which of the following best describes the procedure (choose one):

☐ Established practice and no longer new.

☐ A minor variation on an existing procedure, which is unlikely to alter the procedure's safety and efficacy.

☐ Definitely novel and of uncertain safety and efficacy.

☐ The first in a new class of procedure.

Comments:

DBS for OCD does not fit into any of the above categories. The first procedure was reported in 1999. Since then there have been a number of published open label series with long term outcome as well as a few published randomised controlled trials that suggest that DBS for OCD is both safe and effective. However, the total number of patients included in such trials is relatively small and the best anatomical target has not yet been established (more than one may exist). Nevertheless, DBS for OCD has been awarded a CE mark as well as Humanitarian Device Exemption (HDE) by the FDA.

2.3 What is/are the best comparator(s) (standard practice) for this procedure?

Stereotactic ablation (capsulotomy or cingulotomy)

2.4 Are there any major trials or registries of this procedure currently in progress? If so, please list.

An international registry is being set up under the auspices of the WSSFN (World Society for Stereotactic and Functional Neurosurgery) and is expected to start collecting data in 2020.

2.5 Please list any abstracts or conference proceedings that you are aware of that have been *recently* presented / published on this procedure (this can include your own work). Please note that NICE will do a comprehensive literature search on this procedure and we are only asking you for any very recent or abstracts or conference proceedings which might not be found using standard literature searches. You do not need to supply a comprehensive reference list but it will help us if you list any that you think are particularly important.

Tyagi H, Apergis-Schoute AM, Akram H, Foltynie T, Limousin P, Drummond LM, et al. A Randomized Trial Directly Comparing Ventral Capsule and Anteromedial Subthalamic Nucleus Stimulation in Obsessive-Compulsive Disorder: Clinical and Imaging Evidence for Dissociable Effects. Biological Psychiatry [Internet]. 2019 May 1;85(9):726–34.

Mallet L, Montcel du ST, Clair A-H, Arbus C, Bardinet E, Baup N, et al. Long-term effects of subthalamic stimulation in Obsessive-Compulsive Disorder: Follow-up of a randomized controlled trial. Brain Stimulation. 2019 Apr 9.

Mallet L, Montcel du ST, Clair A-H, Arbus C, Bardinet E, Baup N, et al. Long-term effects of subthalamic stimulation in Obsessive-Compulsive Disorder: Follow-up of a randomized controlled trial. Brain Stimulation. 2019 Apr 9.

Luyten L, Hendrickx S, Raymaekers S, Gabriëls L, Nuttin B. Electrical stimulation in the bed nucleus of the stria terminalis alleviates severe obsessive-compulsive disorder. Molecular Psychiatry. 2016 Sep;21(9):1272–80.

Pepper J, Hariz M, Zrinzo L. Deep brain stimulation versus anterior capsulotomy for obsessive-compulsive disorder: a review of the literature. Journal of Neurosurgery. 2015 May;122(5):1028–37.

Denys D, Mantione M, Figee M, van den Munckhof P, Koerselman F, Westenberg H, et al. Deep brain stimulation of the nucleus accumbens for treatment-refractory obsessive-compulsive disorder. Arch Gen Psychiatry. American Medical Association; 2010 Oct;67(10):1061–8.

Mallet L, Polosan M, Jaafari N, Baup N, Welter M-L, Fontaine D, et al. Subthalamic nucleus stimulation in severe obsessive-compulsive disorder. N Engl J Med. 2008 Nov 13;359(20):2121–34.

Nuttin BJ, Gabriëls LA, Cosyns PR, Meyerson BA, Andreewitch S, Sunaert SG, et al. Long-term electrical capsular stimulation in patients with obsessive-compulsive disorder. Neurosurgery. 2008 Jun;62(6 Suppl 3):966–77.

Nuttin B, Cosyns P, Demeulemeester H, Gybels J, Meyerson B. Electrical stimulation in anterior limbs of internal capsules in patients with obsessive-compulsive disorder. The Lancet. 1999 Oct;354(9189):1526.

3 Safety and efficacy of the procedure

3.1 What are the potential harms of the procedure?

Please list any adverse events and major risks (even if uncommon) and, if possible, estimate their incidence:

Adverse events reported in the literature (if possible please cite literature)

There is a risk of death or neurological disability with every functional neurosurgery procedure, this is less than 1%

Risk of infection or hardware complications is around 5%

Weight gain and cognitive changes are also reported.

Side effects in the literature are reviewed by: Pepper J, Hariz M, Zrinzo L. Deep brain stimulation versus anterior capsulotomy for obsessive-compulsive disorder: a review of the literature. Journal of Neurosurgery. 2015 May;122(5):1028–37.

Anecdotal adverse events (known from experience)

Patients require lifelong follow up. Manic behaviour can occur during programming. All side effects have been reported in: Tyagi H, Apergis-Schoute AM, Akram H, Foltynie T, Limousin P, Drummond LM, et al. A Randomized Trial Directly Comparing Ventral Capsule and Anteromedial Subthalamic Nucleus Stimulation in Obsessive-Compulsive Disorder: Clinical and Imaging Evidence for Dissociable Effects. Biological Psychiatry [Internet]. 2019 May 1;85(9):726–34.

Theoretical adverse events

Personality change can occur. However, most changes are positive and the severity and chronicity of the illness can make it difficult to gauge pre morbid personality.

3.2 Please list the key efficacy outcomes for this procedure?

YBOCS scale is the accepted outcome measure with >35% reduction classifies as response and final YBOCS 8 or less classified as remission.

3.3 Please list any uncertainties or concerns about the *efficacy* of this procedure?

Despite significant evidence of efficacy in published studies, the overall number of patients reported remains relatively low. Refinement of criteria for patient selection, optimal stimulation site and management of comorbidities require further analysis.

3.4 What clinician training is required to do this procedure safely?

A functional neurosurgeon competent in the management of movement disorders coupled with knowledge of OCD and ability to work with psychiatrists in a multidisciplinary fashion.

3.5 What clinical facilities are needed to do this procedure safely?

Ideally, this would involve a national network of COD specialists that could select potential patients who may benefit and refer them to a specialised centre with experience of neurosurgery for both movement and mental health disorders with the capacity to provide lifelong follow up.

3.6 Is there controversy, or important uncertainty, about any aspect of the way in which this procedure is currently being done or disseminated?

OCD carries one of the highest burdens of morbidity within mental health. Unfortunately, patients that are refractory to medication and CBT often fall out of the mental healthcare system with OCD symptoms causing untold financial burden and misery on them, their families and society. Neurosurgery can offer a huge potential to provide meaningful benefit to a significant proportion of such patients.

Setting up a surgical pathway will include ensuring that patients are refractory to conventional therapies. Due to deficiencies in current mental health provision within the UK, many patients will not have received optimal therapy and may respond to improved efforts. Therefore, a “surgical pathway” will help numerous patients who may not need to undergo surgery.

Patients who are truly refractory to conventional therapy will have to be referred to the mental health board of the CQC before undergoing neurosurgery.

The UK is lagging behind other countries (for example Holland) in this field. A successful OCD programme in the UK will help on numerous levels, not least by reducing the stigma of mental health disorders by highlighting the organic basis of many of these disorders.

In 2002, the World Health Organization reported that OCD was responsible for nearly 1% of global years lost due to disability. Approximately 40% - 60% of patients with OCD fail to satisfactorily respond to standard treatments, including serotonin reuptake inhibitors and cognitive behavioural therapy.(1) These individuals may benefit from neurosurgery for OCD. Nevertheless, there may be some resistance from uninformed members of the psychiatric community who see any form of neurosurgery as a return to the “lobotomy era” or who mistakenly think that medication and CBT are sufficient to treat all patients with OCD.

1. Brown LT, Mikell CB, Youngerman BE, Zhang Y, McKhann GM, Sheth SA. Dorsal anterior cingulotomy and anterior capsulotomy for severe, refractory obsessive-compulsive disorder: a systematic review of observational studies. Journal of Neurosurgery. 2016 Jan;124(1):77–89.

4 Audit Criteria

Please suggest potential audit criteria for this procedure.

4.1 Beneficial outcome measures. This should include short and long term clinical outcomes, quality-of-life measures and patient related outcomes. Please suggest the most appropriate method of measurement for each and the timescales over which these should be measured:

This should include YBCOS and GAF scores recorded pre op, 1 3, 6 month and 1, 3 5 and 10 year thereafter.

4.2 Adverse outcome measures. This should include early and late complications. Please state the post procedure timescales over which these should be measured.

All surgical complications (including neurological deficit, death, infection, seizures) should be recorded.

Psychiatric complications should also be recorded (e.g. hypomania). However, a psychiatrist with a special interest in OCD is better placed to suggest these.

5 Uptake of the procedure in the NHS

5.1 If it is safe and efficacious, in your opinion, how quickly do you think use of this procedure will be adopted by the NHS (choose one)?

☒ Rapidly (within a year or two).

☐ Slowly (over decades)

☐ I do not think the NHS will adopt this procedure

Comments:

This is an underutilised procedure. If the UK is serious about managing mental health problems, OCD is one area where big improvements could be made if adequate infrastructure and drive were committed. The major limiting factor is the number of referrals made by general psychiatrists to specialist OCD psychiatrists on to specialised neurosurgical services.

5.2 If it is safe and efficacious, in your opinion, will this procedure be carried out in (choose one):

☐ Most or all district general hospitals.

☐ A minority of hospitals, but at least 10 in the UK.

☒ Fewer than 10 specialist centres in the UK.

☐ Cannot predict at present.

Comments:

Results will be better if concentrated in a few high volume centres, initially one, expanding to more if deemed necessary.

5.3 If it is safe and efficacious, in your opinion, the potential impact of this procedure on the NHS, in terms of numbers of patients eligible for treatment and use of resources:

☐ Major.

☐ Moderate.

☒ Minor.

Comments:

The number of surgical procedures for the whole of the UK will likely be small (less than 10 / year) but the impact of focusing attention on whether patients are truly refractory to conventional therapies may benefit hundreds of patients per year.

6 Other information

6.1 Is there any other information about this procedure that might assist NICE in assessing the possible need to investigate its use?

Comments:

In my opinion, both DBS and stereotactic ablation should be made available to patients with severe refractory OCD, ideally as part of a national OCD service to improve management of this common and disabling disorder.

7 Data protection and conflicts of interest

7.1 Data Protection

The information you submit on this form will be retained and used by the NICE and its advisers for the purpose of developing its guidance and may be passed to other approved third parties. Your name and specialist society will be published in NICE publications and on the NICE website. The professional expert questionnaire will be published in accordance with our guidance development processes and a copy will be sent to the nominating Specialist Society. Please avoid identifying any individual in your comments.

X I have read and understood this statement and accept that personal information sent to us will be retained and used for the purposes and in the manner specified above. For more information about how we process your personal data please see our privacy notice

---

7.2 Declarations of interest by Specialist Advisers advising the NICE Interventional Procedures Advisory Committee

Nothing in your submission shall restrict any disclosure of information by NICE that is required by law (including in particular, but without limitation, the Freedom of Information Act 2000).

Please submit a conflicts of interest declaration form listing any potential conflicts of interest including any involvement you may have in disputes or complaints relating to this procedure.

Please use the "Conflicts of Interest for Specialist Advisers" policy as a guide when declaring any conflicts of interest. Specialist Advisers should seek advice if needed from the Associate Director – Interventional Procedures. Conflicts of Interest for Specialist Advisers

Declarations of interest form			
Type of interest	**Description of interest**	**Relevant dates**	
		Interest arose	**Interest ceased**
Non specific	Personal financial interest (I occasionally receive honoraria & travel	**2007**	**ongoing**

	costs for delivering lectures at educational meetings and providing advice to companies developing DBS devices such as Medtronic and Boston Scientific)		

* Guidance notes for completion of the Declarations of interest form

Name and role	Insert your name and your position in relation to your role within NICE
Description of interest	Provide a description of the interest that is being declared. This should contain enough information to be meaningful to enable a reasonable person with no prior knowledge to be able to read this and understand the nature of the interest. Types of interest: **Direct interests** **Financial interests** - Where an individual gets direct financial benefits from the consequences of a decision they are involved in making. *For examples of financial interests please refer to the policy on declaring and managing interests.* **Non-financial professional and personal interests -** Where an individual obtains a non-financial professional or personal benefit, such as increasing or maintaining their professional reputation, from the consequences of a decision they are involved in making. *For examples of non-financial interests please refer to the policy on declaring and managing interests.* **Indirect interests -** Where there is, or could be perceived to be, an opportunity for a third party associated with the individual in question to benefit. A benefit may arise from both a gain or avoidance of a loss.
Relevant dates	Detail here when the interest arose and, if applicable, when it ceased.
Comments	This field should be populated by the guidance developer and

	outline the action taken in response to the declared interest. It should include the rationale for this action, and the name and role of the person who reviewed the declaration.

Thank you very much for your help.

Dr Tom Clutton-Brock, Interventional Procedures Advisory Committee Chair

Mirella Marlow Programme Director