National Institute for Health and Care Excellence IP1879 Endoscopic ultrasound guided biliary drainage for biliary obstruction

IPAC date: 9th February 2023

Com.	Consultee	Sec.	Comments	Response
no.	name and organisation	no.		Please respond to all comments
1	Consultee 1 Company Boston Scientific	1	Thank you for the opportunity to comment on the interventional procedures consultation document for endoscopic ultrasound-guided biliary drainage (EUS-BD) for biliary obstruction, released in November 2022. Boston Scientific supports the draft recommendations for standard arrangements for EUS-BD for biliary obstruction caused by distal malignant disease.	Thank you for your comment. Consultee agrees with main recommendation for distal malignant disease.
2	Consultee 1 Company Boston Scientific	1.5	Boston Scientific recognises the importance of training for healthcare professionals and provides extensive training for the Hot Axios™ stent and Electrocautery-Enhanced Delivery System, for indications such as EUS-BD after failed ERCP. Selection criteria for training includes availability of multidisciplinary team support within the hospital.	Thank you for your comment. Section 1.5 of the draft guidance states: 'This procedure should only be done in specialised centres by a clinician with specific training and experience in the procedure.' and section 1.4 states: 'Patient selection should be done by a multidisciplinary team or, in an emergency, only after agreement with an experienced hepatobiliary team.'
3	Consultee 1 Company Boston Scientific	2.6	Boston Scientific is pleased to see a description of the different techniques used to perform endoscopic ultrasound guided biliary drainage for biliary obstruction. Choledochoduodenostomy (EUS-CDS) is the recommended technique for placing the Hot-Axios™ stent.	Thank you for your comment. The incorrect spelling of choledochoduodenostomy in

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			Boston Scientific would also like to highlight a typographical error within this section where choledochoduodenostomy has been incorrectly spelt as "choleduodenostomy".	section 2.6 of the guidance has been corrected.

[&]quot;Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees."