NICE National Institute for Health and Care Excellence

Appendix B: Stakeholder consultation comments table

2020 surveillance of Blood transfusion (2015)

Consultation dates: 17 December 2019 to 10 January 2020

1. Do you agree with the proposal to not to update the guideline?			
Stakeholder	**Overall response**	**Comments**	**NICE response**
NHS Blood & Transplant	Yes	The scope of the guideline is very broad and I agree that there is insufficient new evidence to justify updating the guideline at this time.	Thank you for your support for the surveillance proposal to not update the guideline.
NHS Wales Blood Health National Oversight Group	Yes	No Comment	Thank you for your support for the surveillance proposal to not update the guideline.
Northern Ireland Transfusion Committee (NITC)	No	Re: 1.2 Red blood cells a.Suggest restrictive transfusion strategy should not be universally recommended for individuals with cardiovascular disease (including acute coronary syndrome), especially when they are to undergo invasive procedures. Instead, determine transfusion threshold for	Thank you for your comments and suggestions. a. We considered the Doherty [1] systematic review in our surveillance review and also noted the related NIHR signal. We also consulted topic experts to obtain their views on the new evidence considered in this review. Topic expert feedback on the NIHR signal indicates that in clinical practice most patients with a chronic

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		such patients on a case by case basis. Docherty et al BMJ 2016 found that patients with cardiovascular disease undergoing non cardiac surgery, managed with a restrictive transfusion strategy of < 80g/l had a higher risk of developing acute coronary syndrome, compared to a more liberal strategy. b.Suggest assessment of patients for transfusion on a case by case basis when undergoing solid organ transplantation. Lofaro et al 2011 - found postop. renal function correlated with postop Hb concentration. Gafter-Gvili & Gafter, Acta Haematol. 2019; 142: 37-43 – optimal haemoglobin target should be higher for renal transplant recipients compared to patients with chronic kidney disease. Post renal transplant anaemia is associated with an increase in graft failure and mortality. c.There are other patient populations where evidence of benefit of a restrictive transfusion threshold is lacking, and they do not fall into a regularly transfused group, e.g. those undergoing chemo/radiotherapy for solid tumours, palliative care patients, patients with cerebral or spinal cord ischaemia. We suggest assessment of transfusion requirement of such cases on a case by case basis. d.Suggest a restrictive transfusion threshold of < 80g/l for patients scheduled for major surgery (which cannot be delayed), when perioperative transfusion is inevitable because of blood loss > 500 ml. e.g. patients undergoing open reduction of fractured neck of femur. FOCUS trial of patients undergoing surgical hip fracture repair showed trend towards increased risk of perioperative myocardial infarction in patients with pre-existing cardiovascular	cardiovascular condition are managed with a restrictive threshold, unless there are clinical signs of damage such as chest pain, ECG or lactate. The expert also went on to say that in practice most patients with a chronic disease contemplating a transfusion would be having an acute episode of something so the lines become blurred between chronic and acute. The expert also highlighted that in the NIHR signal systematic review there was no difference in mortality or hospital stay. On the basis of this we propose no update to the guideline. Furthermore, in practice there is clearly clinical judgement needed on when to transfuse a patient which is based on a range of signs and symptoms beyond thresholds and being deemed chronic or acute cardiovascular patients. As such, categorising all chronic cardiovascular patients as needing a liberal strategy might be a waste of resources with uncertain benefits. b. and c. As noted above, blood transfusion is clearly an area where clinical judgement is important to balance the benefits of transfusing with the risks of adverse reactions and waste of resources. NICE guidelines are based on the best available evidence but where the evidence is lacking, the committee can make recommendations based on their own expertise. The committee who developed the guideline used the best available evidence and their judgement to determine when a more liberal threshold should be used. There is no new evidence that is sufficient to update the guideline recommendations for other populations such as those undergoing solid organ transplantation, chemotherapy or radiotherapy for solid tumours. Thank you for highlighting the study by Lofaro [2]. The publication date of this study was within the timeframe for the original

		disease and Hb < 80 g/l. Carson et al, Transfusion 2006; 46: 2192-2206.	guideline, although it was not included in the guideline. However, this study is unlikely to meet the scope of the guideline as it is a retrospective analysis and the focus is renal transplantation, rather than blood transfusion. Thank you for highlighting the study by Gafter-Gvili & Gafter [3]. This study is a narrative review and as such would not be eligible for inclusion in the surveillance review or guideline. d. At the time of guideline development, the evidence base indicated that restrictive red blood transfusions were suitable for the majority of patients. There is no new evidence that is sufficient to signal the need to update the guideline recommendations for patients scheduled for major surgery. It is acknowledged that, as with all areas of medicine, clinical judgment is an important part of determining a patient's transfusion needs and balancing the risks and benefits for the individual patient. Thank you for highlighting the 2006 publication related to the FOCUS trial. The original guideline included the 2011 publication related to this trial [4], and the committee considered this when developing recommendations. The surveillance process also identified a new publication related to the FOCUS trial [5] with a longer follow up, which was included in the evidence summary. The new evidence from the FOCUS trial was not deemed to impact recommendations as it found no significant difference in 3-year mortality between liberal and restrictive thresholds. References [1] Docherty AB, O'Donnell R, Brunskill S, Trivella M, Doree C, Holst L, et al. (2016) Effect of restrictive versus liberal transfusion

			strategies on outcomes in patients with cardiovascular disease in a non-cardiac surgery setting: systematic review and meta-analysis. BMJ (Clinical research ed.) 352:i1351 [2] Lofaro D, Greco R, Papalia T, Bonofiglio R. Increasing levels of hemoglobin improve renal transplantation outcomes. Transplant Proc. 2011 May;43(4):1036-8. [3] Gafter-Gvili and Gafter U. Posttransplantation Anemia in Kidney Transplant Recipients. Acta Haematol 2019;142:37–43 [4] Carson JL, Terrin ML, Noveck H, Sanders DW, Chaitman BR, Rhoads GG et al. Liberal or restrictive transfusion in high-risk patients after hip surgery. New England Journal of Medicine. 2011; 365(26):2453-2462 [5] Carson JL, Sieber F, Cook DR, Hoover DR, Noveck H, Chaitman BR, et al. (2015) Liberal versus restrictive blood transfusion strategy: 3-year survival and cause of death results from the FOCUS randomised controlled trial. Lancet (London, England) 385(9974):1183–9
Royal College of Paediatrics and Child Health	Yes	This is a comprehensive surveillance review.	Thank you for your support for the surveillance proposal to not update the guideline.
Royal College of Nursing	Yes	We were disappointed to observe that only 3 out of 15 topic experts responded to the questionnaires and they were all from intensive care background. However, we agree with the proposal not to update the current guideline based on the evidence provided.	Thank you for your support for the surveillance proposal to not update the guideline. We did note that the topic engagement on this topic was limited but did not want to delay the timely surveillance of this guideline as we deemed the expert feedback sufficient to proceed. We did also engage with internal clinicians within NICE. Furthermore, the consultation is always an opportunity to ensure we receive additional feedback from experts in the area and we are

			reassured by the consultation responses generally supporting the proposal to not update the guideline.
Vifor Pharma UK Ltd	Yes	Vifor Pharma UK Ltd is pleased to see the diligence applied in surveillance of NICE guidance. We would also like to draw attention to NICE guidance in development GID-NG10072 on perioperative care in adults which addresses the issue of management of preoperative anaemia. This guidance in development directs readers towards guideline NG24 although it does also say that an alternate-day oral iron regimen should be considered for people who have side effects from taking oral iron every day. We feel that this is somewhat contradictory to the existing guidelines NG24 and may lead to confusion amongst clinicians about what is the best next step for those patients who have failed oral iron.	Thank you for your support for the surveillance proposal to not update the guideline. Thank you for highlighting a potential inconsistency in oral iron recommendations between the blood transfusion guideline and the in development draft NICE guideline on perioperative care in adults. We have sought inhouse clinical feedback on the issue and the clinical view is the blood transfusion guideline (NG24) includes people who can't **tolerate** or **absorb any** oral iron (in which case alternate day oral iron would be inappropriate). The perioperative care in adults guideline includes people who get **side effects** from taking oral iron **every day.** As such we are content that the two guidelines cover different populations and are not in direct conflict. However, we have passed this comment on to the committee developing the guideline on perioperative care in adults for their information. Thank you once again for highlighting the issue.

2. Do you have any comments on areas excluded from the scope of the guideline?			
Stakeholder	**Overall response**	**Comments**	**NICE response**
NHS Blood & Transplant	Yes	NICE may wish to consider commissioning a transfusion guideline focussed on neonates and children. Although the evidence base is weak, specific recommendations for these groups would be helpful in highlighting good practice.	Thank you for your response and suggestion. NG24 already includes recommendations for children. As the evidence base in children is weak, a lot of the evidence underpinning recommendations in children was extrapolated from adult studies or expert opinion. Unfortunately, the evidence base for blood transfusion in children

			has not yet matured sufficiently to update the guideline in this area or warrant a new guideline being developed.
NHS Wales Blood Health National Oversight Group	No	No Comment	Thank you for your response.
Northern Ireland Transfusion Committee (NITC)	No	No Comment	Thank you for your response.
Royal College of Paediatrics and Child Health	No	No Comment	Thank you for your response.
Royal College of Nursing	No	No Comment	Thank you for your response.
Vifor Pharma UK Ltd	No	No Comment	Thank you for your response.

3. Do you have any comments on equalities issues?

Stakeholder	Overall response	Comments	NICE response
NHS Blood & Transplant	No	No Comment	Thank you for your response.

NHS Wales Blood Health National Oversight Group	No	No Comment	Thank you for your response.
Northern Ireland Transfusion Committee (NITC)	No	No Comment	Thank you for your response.
Royal College of Paediatrics and Child Health	No	No Comment	Thank you for your response.
Royal College of Nursing	No	No Comment	Thank you for your response.
Vifor Pharma UK Ltd	No	No Comment	Thank you for your response.