National Institute for Health and Care Excellence
Cirrhosis
Scope Consultation Table
14/04/14-12/05/14

ID	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
1	SH	Royal College of Pathologists	1	General	The NICE clinical guidance on assessment and management of cirrhosis is welcome, there is a clear need to reduce variation in the management of these patients. I believe 'detection' will be added to the scope title following the workshop. The scope recognises the role of biopsy, and therefore implies the need to ensure the quality of the diagnostic services.	Thank you for your comment. Following debate the consensus is that assessment is inclusive of detection and hence, we are not amending the title. As you acknowledge, the scope includes the role of biopsy.
4	SH	Royal College of Pathologists	4	General	Consider HES data and tissue diagnosis of cirrhosis, (or non-invasive surrogates) as a basis for investigating the clinical impact of the guidelines on outcome.	Thank you for your comment. HES data and investigating the clinical impact of the guideline are outside the scope of the guideline.
29	SH	British Liver Trust	19	General	The NCEPOD ARLD report's recommendations could be incorporated within this guidance	Thank you for your comment. The confidential enquiry report focuses on alcohol related liver disease and will be made available to the Guideline development group as required.
33	SH	Department of Health	1	General	Thank you for the opportunity to comment on the draft scope for the above clinical guideline. **I wish to confirm that the Department of Health has no substantive comments to make, regarding this consultation.**	Thank you for your comment.
34	SH	Royal College of Physicians	1	General	The RCP is grateful for the opportunity to respond to the draft scope consultation. Our experts have considered the document and have	Thank you for your comment.

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					no comments to make.	
35	SH	Lundbeck Ltd	1	General	Lundbeck is an ethical research-based pharmaceutical company specialising in brain disorders, such as depression and anxiety, bipolar, schizophrenia, Alzheimer's disease, Parkinson's disease and alcohol dependence. Lundbeck welcomes this consultation from NICE on the draft scope of the clinical guidelines on the assessment and management of cirrhosis. While Lundbeck acknowledges that the diagnosis, investigation and management of the underlying cause of cirrhosis is outside of the scope of these guidelines (as is stated in section 4.3.2), it would nonetheless be beneficial for the final recommended scope to clearly outline where and how these guidelines sit in relation to the broader patient management pathway, particularly in regards to addressing harmful alcohol use. As referenced in *'section 3.1f)*', alcohol-related liver disease accounts for nearly half of all liver disease admissions (47.7%) and it is therefore important to clarify how this document should be viewed in relation to CG115 *'alcohol dependence and harmful alcohol use'* and PH24 *'alcohol-use disorders - preventing harmful drinking'* (as listed in 'related NICE guidance'), since the scope of both relate to cirrhosis of the liver caused by alcohol consumption. Ensuring that alcohol-related guidelines are aligned across the treatment pathway will help to underpin the delivery of improved outcomes for patients.	Thank you for your comment. Where relevant, the guideline will cross refer to the alcohol-use disorders suite of NICE guidance. At publication of this guideline a patient pathway will be made available and this will outline where relevant NICE guidance links into this guideline.
37	SH	Digital Assessment Services NHS Choices	1	General	The guidance is welcome. We have no comments on its content following consultation with the Digital Assessment Service.	Thank you.
38	SH	WAGE: Welsh	1	General	The outline plan and the questions they have set to be answered	Thank you.

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		Association Gastroenterology and Endoscopy]			seem to be very sensible ones and ones that will help us plan and deliver our liver services for patient s with cirrhosis. Clearly there are lots of other things that could be included in the scoping document but the remit they have set seems to be a manageable one and compliments other guidance already produced for specific liver conditions.	
39	SH	WAGE: Welsh Association Gastroenterology and Endoscopy]	2	General	Early identification of cirrhosis. What should trigger a GP to test for cirrhosis? What initial test should GPs perform in the at risk group? What criteria would lead to secondary care referral	Thank you for your comment. These questions are addressed in section 4.3.1 a), b) and f) respectively.
40	SH	WAGE: Welsh Association Gastroenterology and Endoscopy]	3	General	Management of ascites. The guidance from the BSG is antique	Thank you for your comment. The management of ascites is included in the scope.
41	SH	WAGE: Welsh Association Gastroenterology and Endoscopy]	4	General	Indications for liver biopsy in someone with established cirrhosis based on ultrasound and clinical features but no obvious aetiology on blood tests	Thank you for your comment. The use of liver biopsy is included in the scope.
42	SH	WAGE: Welsh Association Gastroenterology and Endoscopy]	5	General	HCC surveillance. How and how often should we offer surveillance? I believe some centres refuse to offer surveillance owing to lack of guidance	Thank you for your comment. Monitoring of people with hepatocellular carcinoma is included in the guideline (see Section 4.2.1 d). The precise review questions will be decided by the GDG.
43	SH	WAGE: Welsh Association Gastroenterology and Endoscopy]	6	General	The NICE Hepatitis B guideline recommends surveillance for HCC and the EASL and AASLD guidelines recommend surveillance for HCC in various patient groups with cirrhosis. The British Liver Trust information sheet on cirrhosis recommends that patients have	Thank you for your comment. Monitoring of people with hepatocellular carcinoma is included in the guideline (see

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					regular ultrasound surveillance. There are no RCTs on this subject and some authors feel that there never will be RCT and so best we can do is look at the data from other countries such as the Japanese historical incidence of HCC when no surveillance to now with active surveillance. A formal review of all relevant literature and definitive guidance would be greatly appreciated	Section 4.2.1 d). The precise review questions will be decided by the GDG.
44	SH	WAGE: Welsh Association Gastroenterology and Endoscopy]	7	General	Guidance on setting up Chronic liver disease clinics with monitoring for varices, ascites assessment, osteoporosis assessment and active management of the spectrum of patients with cirrhosis and optimal/timely referral to Transplant Assessment	Thank you. Following publication of the guideline recommendations, providers can determine tailored local implementation in relation to setting up clinics. This issue has not been raised by other stakeholders and we have prioritised clinical areas within the scope in line with the weight of stakeholder and expert views. Referral criteria for tertiary care including criteria for assessment for liver transplant are included in section 4.3.1 f) in the scope.
45	SH	WAGE: Welsh Association Gastroenterology and Endoscopy]	8	General	Palliative care involvement in non-transplant setting	Thank you for your comment. NICE have recently commissioned a guideline entitled 'Care of the dying adult' and this guideline will cross refer to it where relevant.
46	SH	WAGE: Welsh Association Gastroenterology and Endoscopy]	9	General	Optimal management of symptoms in non-transplant setting	Thank you for your comment. The focus of the guideline is to provide recommendations on the management of specific complications of cirrhosis, rather than non-specific symptoms. Please see section

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						4.3.1.e) of the scope.
96	SH	British Medical Association	1	General	The General Practitioners Committee's Clinical and Prescribing subcommittee support this draft Cirrhosis scope.	Thank you for your comment.
101	SH	British Association for the Study of the Liver	5	General	Prevention is the only solution to increasing problem of cirrhosis – prevention of obesity, alcohol dependence and screening for viral hepatitis	Thank you for your comment. We agree that the prevention of cirrhosis is an important issue however, it is outside the remit of this guideline and addressed in other NICE guidance.
102	SH	British Association for the Study of the Liver	6	General	I am also aware of increasing consideration to population screening for cirrhosis particularly in high risk groups – but I guess this isn't part of the remit	Thank you for your comment. Population screening is outside the remit of the guideline.
104	SH	Royal College of Nursing	1	General	The Royal College of Nursing is a registered stakeholder for this guidance. The Royal College of Nursing was invited to comment on the Assessment and Management of Cirrhosis Guideline Scope Consultation. The document was circulated to RCN staff and Liver Disease committee members for their views. Find below comments received from the reviewers.	Thank you for your comment.
105	SH	Royal College of Nursing	2	General	The draft scope seems appropriate and covers its brief in relationship to NICE guidelines. It seems broad enough to cover the complications of liver disease.	Thank you.
109	SH	Royal College of Paediatrics and Child Health	1	General	Thank you for inviting the Royal College of Paediatrics and Child Health to comment on the Draft Cirrhosis scope. We have not received any responses for this consultation.	Thank you.

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47	SH	Norgine Pharmaceuticals Ltd	1	1	Title should be amended to Cirrhosis: identification, assessment and management of cirrhosis and its complications	Thank you for your comment. Following debate the consensus was to keep the title as is, as only two stakeholders raised the need to amend the title.
5	SH	Perspectum Diagnostics	1	3.1	The term cirrhosis needs a clear definition – many people understand cirrhosis as only being related to alcohol; others do not note the difference between fibrosis (for example 'the spectrum of scarring in an organ') and cirrhosis (for example, 'severe scarring of the liver'). Although this section describes cirrhosis, it does not explicitly state a definition.	Thank you for your comment. A definition of cirrhosis is provided in Section 3.1 a).
13	SH	British Liver Trust	3	3.1 h	Liver disease is more prevalent in socio-economically deprived areas	Thank you for your comment.
14	SH	British Liver Trust	4	3.1	More needs to be added about the holistic affects of cirrhosis, how it affects the individual and the family, carers etc, the impact on QoL and the stigma associated	Thank you for your comment. We have further expanded section 3.2 a) to reflect the impact of cirrhosis on quality of life.
51	SH	Norgine Pharmaceuticals Ltd	5	3.1 h	Most deprived 20% - is there some socioeconomic spectrum that should be defined	Thank you for your comment. This is outlined in section 3.1 h).
52	SH	Norgine Pharmaceuticals Ltd	6	3.1	Background on impact of cirrhosis on Quality of life on patient and carers should also be included	Thank you for your comment. We have further expanded section 3.2 a) to reflect the impact of cirrhosis on quality of life.
11	SH	British Liver Trust	1	3.1 (paragraph 1)	Cirrhosis can be irreparable and / or irreversible	Thank you for your comment. Section 3.1 and 3.2 are part of the introduction and intended as a brief outline of the condition.
12	SH	British Liver Trust	2	3.1 (paragraph 1)	More needed on the holistic effects, inc clinical complications, for people with compensated and decompensated cirrhosis	Thank you for your comment. Section 3.1 is part of the introduction and intended as a

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						brief outline of the condition.
48	SH	Norgine Pharmaceuticals Ltd	2	3.1 (paragraph 1)	Amend to: Cirrhosis is a progressive condition that occurs as a response to liver damage.	Thank you for your comment. Section 3.1 and 3.2 are part of the introduction and intended as a brief outline of the condition.
49	SH	Norgine Pharmaceuticals Ltd	3	3.1 (paragraph 1)	Add – cirrhosis may be irreversible	Thank you for your comment. Section 3.1 and 3.2 are part of the introduction and intended as a brief outline of the condition.
50	SH	Norgine Pharmaceuticals Ltd	4	3.1 (paragraph 1)	Specific context on stages of cirrhosis – compensated and decompensated cirrhosis would be useful and what this means with respect to complications.	Thank you for your comment. Section 3.1 is part of the introduction and intended as a brief outline of the condition. As outlined in section 4.3.1 c), we will be considering tools to assess the severity of cirrhosis. Information on the severity of cirrhosis will also be taken into account when looking at the management of cirrhosis.
2	SH	Royal College of Pathologists	2	3.2 d	Liver biopsy, performed in secondary care, is the definitive diagnostic method for confirming cirrhosis. The accuracy of biopsy depends on the quality of the specimen and the experience of the reporting pathologist in liver pathology. There is a wide variation in both. The RCPath has produced guidelines on liver biopsy in the investigation of medical liver disease, which includes recommendations for the diagnostic service.	Thank you for your comment. We will take this information into account when reviewing the evidence.
36	SH	Lundbeck Ltd	2	3.2 Current practice	It is also important that the guidelines take into account the need to promote the full range of interventions available for patients with cirrhosis of the liver.	Thank you for your comment. The management of the underlying cause of cirrhosis is

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					For patients identified with alcohol-related cirrhosis of the liver we would ask the GDG to consider how appropriate patient management approaches, including abstinence and reduction-based treatments impact on this guideline The reduction of drinking, especially of heavy drinking, can have significant patient benefits, and is also associated with a reduction in alcohol-attributable mortality, with the reduction being highest for the heaviest drinking category.[1]	outside the remit of the guideline. The guideline will cross refer to other NICE guidance as relevant for example clinical guideline 24, 100 and 115.
15	SH	British Liver Trust	5	3.2a 3.2c	Is there potential in this guideline for more guidance on earlier screening to prevent patients progressing to cirrhosis?	Thank you for your comment. Population screening is outside the remit of the guideline.
16	SH	British Liver Trust	6	3.2c	The guidelines should clearly outline what liver tests need to be done – eg: which blood tests, need for ultrasound, mental health screening etc	Thank you, we agree. The guideline development group aim to prioritise and review evidence to produce recommendations for the use of liver tests as per 4.3.1 b) of the scope. Mental health screening is outside the remit of the guideline.
30	SH	Hull & East Yorkshire NHS Trust	1	3.2	Identification of the end of life is challenging due to the fluctuating nature of liver disease. Therefore end-stage liver disease patients may benefit from both active medical management and palliative and supportive care. Palliative and supportive care for these people is often provided only when admitted to hospital when acute ill health requires specialist management. They are usually discharged home with inadequate palliative and supportive care services. This is in stark contrast to people dying of liver cancer who receive excellent support and care from Macmillan and	Thank you for your comment. NICE have recently commissioned a guideline on 'Care of the dying adult' and we will cross refer to this guideline where relevant.

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					palliative care services.	
53	SH	Norgine Pharmaceuticals Ltd	7	3.2 a	Cirrhosis complications: people may present with signs and symptoms. Should this guideline also consider screening for patients in the early stages for these possible complications	Thank you for your comment. Monitoring of people with cirrhosis to achieve early detection of complications will be covered in Section 4.3.1 d).
54	SH	Norgine Pharmaceuticals Ltd	8	3.2 b	Amend to: There are no standard criteria for 'identifying or' referring a person with suspected cirrhosis from primary care for assessment in secondary care	Thank you for your comment. We have amended section 3.2 b).
55	SH	Norgine Pharmaceuticals Ltd	9	3.2 c	screening tests for early signs of cirrhosis & its complications such as neurocognitive testing should also be included	Thank you for your comment. This guideline does not address population screening for cirrhosis. As outlined in Section 4.3.1 d) we will be considering the monitoring of people with cirrhosis to achieve early detection of complications. The GDG will prioritise the areas for inclusion in this review during development of the protocol.
56	SH	Norgine Pharmaceuticals Ltd	10	3.2 c	There is currently variation in practice across England and Wales for diagnostic tests for cirrhosis 'and the complications of cirrhosis', for example…'the use of screening tests such as neurocognitive testing', which liver tests are carried out and whether ultrasound is undertaken	Thank you for your comment. Section 3.2 is background and scene setting and we keep this concise and focused in the scope.
57	SH	Norgine Pharmaceuticals Ltd	11	3.2.e	Add – 'plus their complications (variceal bleed, HE, HRS, SBP, ascites) after cirrhosis'	Thank you for your comment. Section 3.2 is background and scene setting and we keep this

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						concise and focused in the scope.
58	SH	Norgine Pharmaceuticals Ltd	12	3.2.g	Also with respect to treatment of complications of cirrhosis.	Thank you for your comment. Section 3.2 is background and scene setting and we keep this concise and focused in the scope.
6	SH	Perspectum Diagnostics	2	4.1.1	As there are over 300 liver transplants in children, and two of the leading causes of adolescent cirrhosis are fatty liver disease and viral hepatitis, should the guideline be extended to include children?	Thank you for your comment. The aetiologies of cirrhosis in children are different (for example, biliary atresia, Wilsons disease, alpha1 anti-trypsin deficiency). The assessment (including the scoring systems for children for referral for transplantation) and management of these will be different. Whilst this guideline is focused upon adults, the recommendations may be of use to clinicians who are caring for children who transition into this pathway when they reach 16 years of age.
7	SH	Perspectum Diagnostics	3	4.1.1	The management of cirrhosis in certain patient groups is different. For example, older patients are not offered transplantation. Furthermore, acute and chronic presentations are assessed differently. Finally, the dominant liver disease in adults is fatty liver disease –	Thank you for your comment. Acute liver failure is outside the remit of this guideline.

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					we would suggest that this is considered as a special subgroup	Assessment and management for both acute and chronic presentations of cirrhosis are addressed in 4.3.1 d) and e). The GDG may prioritise subgroups of patients for which different recommendations will be made. The decision as to who will be offered transplantation is outside the scope of the guideline. The focus of this guideline is cirrhosis and the specific management of non-alcoholic fatty liver disease is outside the remit of the guideline.
17	SH	British Liver Trust	7	4.1.1b	Subgroups at higher risk include – alcoholics, those at risk of BBVs, type 2 diabetics, over weight and high BMIs, those on liver-toxic treatments and those with autoimmune conditions	Thank you for your comment. This section of the scope refers to subgroup where the guideline recommendations may need to be tailored or different in some way. This section does not refer to people who are at high risk of cirrhosis.
59	SH	Norgine Pharmaceuticals	13	4.1.1	What guidance does NICE plan for people under 16? Clinicians still require guidance for younger patients.	Thank you for your comment.

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		Ltd				The aetiologies of cirrhosis in children are different (for example, biliary atresia, Wilsons disease, alpha1 anti-trypsin deficiency). The assessment (including the scoring systems for children for referral for transplantation) and management of these will be different. Whilst this guideline is focused upon adults, the recommendations may be of use to clinicians who are caring for children who transition into this pathway when they reach 16 years of age. NICE guidance on cirrhosis in children will be considered in future alongside other priorities.
60	SH	Norgine Pharmaceuticals Ltd	14	4.1.1b	Subgroups potentially at higher risk of cirrhosis – diabetics, alcoholics, men with Indian ethnic origin, IVDUs (intravenous drug users), and other vulnerable adults (e.g. transient patients of no fixed abode) – any other subgroups?	Thank you for your comment. This section of the scope refers to subgroups where the guideline recommendations may need to be tailored or different in some way. This section does not refer to people who are at high risk of cirrhosis.

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						The guideline development group will where required consider protected characteristics and develop recommendations for these groups.
94	SH	NHS England	1	4.1.1.a	Although it is sensible to confine the guideline to patients over 16, those who are diagnosed with cirrhosis under the age of 16, will still have cirrhosis over the age of 16. This will be relevant for section 4.3.1 (see comment 2), and a form of words to cover this probably should be entered in 4.1.1.a, e.g. "Adults with cirrhosis that is suspected or diagnosed when they are 16 years or older, including those over 16 who were diagnosed with cirrhosis when younger than 16".	Thank you for your comment. ~~We do not agree that section 4.1.1 a) needs editing because w~~ The aetiologies of cirrhosis that is diagnosed in children under the age of 16 are different (for example, biliary atresia, Wilsons disease, alpha1 anti-trypsin deficiency). The assessment (including the scoring systems for children for referral for transplantation) and management of these will be different. Whilst this guideline is focused upon adults, the recommendations may be of use to clinicians who are caring for children who transition into this pathway when they reach 16 years of age.
61	SH	Norgine Pharmaceuticals Ltd	15	4.2 a	Setting – include community / social care	Thank you for your comment. The guideline includes primary care as a setting (and this includes community ~~and social~~

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						~~care~~ aspects where relevant).
3	SH	Royal College of Pathologists	3	4.3.1 b 4.5.1 b	What is the usefulness of different tests in the diagnosis of cirrhosis? By advising on the indications for biopsy, the NICE clinical guidelines will reduce the variation in its use, and when it can safely be avoided in favour of non-invasive tests. All biopsies should be clinically indicated and sufficient for purpose. The guidelines could include criteria for adequate biopsy size.	Thank you for your comment. Liver biopsy has been included in section 4.3.1. The guideline development group will prioritise the specific considerations for each evidence review.
106	SH	Gilead Sciences Ltd.	1	4.3.1 b	Gilead would like to recommend the following additional tests are performed in primary care for a person with suspected cirrhosis: • Liver function tests (LFTs) • Platelet count • Alpha-fetoprotein (AFP) These should be performed in addition to those currently suggested in the guideline scope: • Liver blood tests (e.g. bilirubin) • Non-invasive surrogate markers of cirrhosis (e.g. transient elastography) • Liver biopsy	Thank you for your comment. Liver blood tests have been included in section 4.3.1. The guideline development group will prioritise the specific considerations for each evidence review.
9	SH	Perspectum Diagnostics	5	4.3.1 c	The most robust tool for the assessment of the severity of cirrhosis is measurement of hepatic portal venous pressure gradient (HPVG). The scope should include this as the reference method.	Thank you for your comment. Section 4.3.1 will address tools for the assessment of severity of cirrhosis, including potential reference standards. The guideline development group will prioritise the specific considerations for each evidence review.
18	SH	British Liver Trust	8	4.3.1.a	Include those at risk of cirrhosis	Thank you for your comment. Population screening is

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						outside the remit of the guideline, clinical identification of people who are at risk of cirrhosis is included in section 4.3.1.
19	SH	British Liver Trust	9	4.3.1.b	Need to include liver enzyme/transaminases blood tests	Thank you for your comment. The scope is intended to be a summary and is not intended to be an exhaustive list. The guideline development group will debate and agree the priority areas for review.
20	SH	British Liver Trust	10	4.3.1.b	Need to include holistic assessment inc mental health, QoL, end of life considerations etc	Thank you for your comment. The scope is intended to be a summary and is not intended to be an exhaustive list. The guideline development group will debate and agree the priority areas for review. The guideline will cross refer to other NICE guidelines are relevant and clinicians should use their judgement regarding the relevance of other publication guideline. NICE have commissioned guidelines on 'Care of the dying adult' and 'Multimorbidities' and we will cross refer to these

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						guidelines where relevant. Quality of life will be considered as an outcome.
62	SH	Norgine Pharmaceuticals Ltd	16	4.3.1.a	Identification of people who may have cirrhosis 'or be at high risk of developing cirrhosis'	Thank you for your comment. Population screening is outside the remit of the guideline, clinical identification of people who are at risk of cirrhosis is included in section 4.3.1.
63	SH	Norgine Pharmaceuticals Ltd	17	4.3.1b	Assessment of suspected cirrhosis, 'and its complications' including	Thank you for your comment. Assessment of complications is addressed in section 4.3.1 d).
64	SH	Norgine Pharmaceuticals Ltd	18	4.3.1 b	Add liver enzyme/transaminases as assessment blood test	Thank you for your comment. The scope is intended to be a summary and is not intended to be an exhaustive list. The guideline development group will debate and agree the priority areas for review.
65	SH	Norgine Pharmaceuticals Ltd	19	4.3.1b	Add neuro-cognitive impairment tests and quality of life measures/tests	Thank you for your comment. As outlined in Section 4.3.1 d) we will be considering the monitoring of people with cirrhosis to achieve early detection of complications. Quality of life will be considered as an outcome.
66	SH	Norgine	20	4.3.1.c	UKELD	Thank you for your comment. The scope is intended to be a

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		Pharmaceuticals Ltd				summary and is not intended to be an exhaustive list. The guideline development group will debate and agree the priority areas for review.
67	SH	Norgine Pharmaceuticals Ltd	21	4.3.1 d	E.g. HCC add 'ascites, variceal bleed, hepatic encephalopathy', & SBP	Thank you for your comment. The scope is intended to be a summary and is not intended to be an exhaustive list. The guideline development group will debate and agree the priority areas for review.
68	SH	Norgine Pharmaceuticals Ltd	22	4.3.1.e	E.g. Ascites add ' variceal bleed, hepatic encephalopathy' hepatorenal syndrome, SBP	Thank you for your comment. The scope is intended to be a summary and is not intended to be an exhaustive list. The guideline development group will debate and agree the priority areas for review.
69	SH	Norgine Pharmaceuticals Ltd	23	4.3.1.	Also monitor quality of life measures	Thank you for your comment. Quality of life is an outcome that the guideline development group will consider.
70	SH	Norgine Pharmaceuticals Ltd	24	4.3.1	End of life care to be included	Thank you for your comment. NICE have recently commissioned a guideline entitled 'Care of the dying adult' and this guideline will cross refer to it where relevant.
95	SH	NHS England	2	4.3.1.d	These subsections are relevant to patients diagnosed with cirrhosis when under the age of 16 (see comment 1), although the wording in this section probably does not need to be altered.	~~t~~Thank you for your comment. The recommendations may be of use to clinicians who are caring for children who transition into this pathway when they reach 16 years of

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						age.
97	SH	British Association for the Study of the Liver	1	4.3.1 b	This should include liver US scan as it is an easily available test used in primary care which often indicates cirrhosis – agree not very sensitive BUT LFTs may be normal in cirrhosis – but I guess they are needed to assess severity	Thank you for your comment. The scope is intended to be a summary and is not intended to be an exhaustive list. The guideline development group will debate and agree the priority areas for review**.**
98	SH	British Association for the Study of the Liver	2	4.3.1 b	Liver biopsy with fibroscan and fibrosis markers less frequently used - ? omit	Thank you for your comment. The scope is intended to be a summary and is not intended to be an exhaustive list. The guideline development group will debate and agree the priority areas for review.
99	SH	British Association for the Study of the Liver	3	4.3.1 b	Need to include serum fibrosis markers as option	Thank you for your comment. The scope is intended to be a summary and is not intended to be an exhaustive list. The guideline development group will debate and agree the priority areas for review.
100	SH	British Association for the Study of the Liver	4	4.3.1 b	NEED to add assess for reversible cause in primary care: alcohol, obesity, HCV, HBV and ferritin as very important and I know say don't include management but this is basic assessment	Thank you for your comment. The ~~clinical guideline for the~~ relevant chapter of the guideline will include information on reversible causes of cirrhosis. In relation to viral hepatitis, alcohol and obesity, the guideline will cross refer to other NICE guidance as relevant.

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						~~As outlined in 4,3,2 a), it is outside t~~The scoping team has decided not to prioritise ~~e of the guideline to consider~~ assessing the cause of cirrhosis.
103	SH	The Royal College of Radiologists in collaboration with The British Society for Gastrointestinal and Abdominal Radiology	1.	4.3.1	b) Liver biopsy It would be useful to have some evidence-based review around liver biopsy needle types/core size, as this is an area which there does seem to be some variability in practice. d) Monitoring The current practice imaging practice is ultrasound with MRI (and in some centres multiphase CT) for problem solving. It would be useful to have radiologist involvement in the group re use of contrast agents, frequency of imaging follow-up. This type of monitoring currently tends to be the remit of secondary care. With changes in healthcare delivery, appropriate guidelines may allow monitoring to be overseen in primary care supported to direct access to relevant diagnostics, which could be included in the scope.	Thank you for your comment, Liver biopsy is included in the scope. The precise review questions will be discussed and prioritised by the guideline development group. Expert members (for example radiologist) will be recruited as required.
8	SH	Perspectum Diagnostics	4	4.3.1b 4.5.1b	Liver imaging with MRI is the single most accurate method for determining cirrhosis. This was assessed in a prospective UK study, compared with biopsy, in an unselected patient group. The study was published this year: Multiparametric magnetic resonance for the non-invasive diagnosis of liver disease Journal of Hepatology	Thank you for this information. The scope is intended to be a summary and is not intended to be an exhaustive list. The guideline development group will debate and agree the

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					Volume 60, Issue 1, Pages 69–77, January 2014 This method of liver imaging is being used in the UK BioBank study of liver disease, the largest ever survey of liver disease (100,000 participants). Transient elastography has not been tested in an unselected group, and only has a positive predictive value of 52% for cirrhosis in patients with suspected fatty liver disease (Wong et al Hepatology. 2010 Feb;51(2):454-62. doi: 10.1002/hep.23312). Its role should not be overstated in this scope. We would suggest the term 'Non-invasive surrogate markers of cirrhosis, including elastography and imaging'.	priority areas for review.
21	SH	British Liver Trust	11	4.3.2 e	Need to include guidance on the care, treatment and support of the complications of cirrhosis inc: pruritus, variceal bleed, mental health inc encephalopathy, renal complications, ascites, peritonitis etc	Thank you for your comment. We will be considering the complications of cirrhosis and the guideline development group will discuss and prioritise the complications that will be considered. Where relevant, we will cross refer to existing NICE guidance.
72	SH	Norgine Pharmaceuticals Ltd	26	4.3.2 e	We suggest that all complications of liver cirrhosis are covered in this guideline (and other existing guidelines (e.g. for upper GI bleed)) referenced to this guideline). These should include ascites / Hepatic encephalopathy / SBP	Thank you for your comment. We will be considering the complications of cirrhosis and the guideline development group will discuss and prioritise the complications that will be considered. Where relevant, we will cross refer to existing NICE

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						guidance.
107	SH	Gilead Sciences Ltd.	2	4.3.2 a	Gilead is in agreement that the investigation and management of the underlying cause of cirrhosis should not be covered within this guideline; however we strongly recommend that the diagnosis of the underlying cause in covered as this can be related to the care and management of people with cirrhosis. In particular, people who have developed cirrhosis as a result of having the Hepatitis C virus (HCV) or Hepatitis B virus (HBV) have access to treatment options which can lead to regression of fibrosis, and in some cases reversal of their cirrhosis. This will have an impact on the management of the patient, and for this reason the diagnosis of the underlying cause should be covered in this guideline. It should also be noted the Hepatitis C NICE guideline has been delayed meaning it is even more important to use this guideline to identify people with HCV and cirrhosis. With access to improved HCV treatments, these people are likely to benefit the most from treatment by curing their HCV and in some cases reversing their cirrhosis. As a consequence, this would have significant benefits in terms of cost-savings for the NHS..	Thank you for your comment. In relation to viral hepatitis,the guideline will cross refer to other NICE guidance as relevant.
71	SH	Norgine Pharmaceuticals Ltd	25	4.3.2	Concern as to why 'Complications specific to the underlying cause of cirrhosis ' is being excluded.	Thank you for your comment. The guideline will focus on the complications as a result of cirrhosis, rather than the underlying cause of cirrhosis. For example, in relation to viral hepatitis, the guideline will cross refer to other NICE guidance as relevant.

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73	SH	Norgine Pharmaceuticals Ltd	27	4.4	Outcomes related to carers should be included (including QoI, days off work, employment & other societal impacts)	Thank you for your comment. We will not be considering outcomes relating to carers.
74	SH	Norgine Pharmaceuticals Ltd	28	4.4	Include 'occurrence of complications i.e. ascites, variceal bleed, hepatic encephalopathy, hepatorenal syndrome & spontaneous bacterial peritonitis'	Thank you for your comment. The guideline development group will agree the relevant outcomes for consideration when setting the protocols a priori.
75	SH	Norgine Pharmaceuticals Ltd	29	4.4d	LOS – per hospital unit / ward / ICU etc. (resource use will vary considerably between a ward LoS and an ITU LoS)	Thank you for your comment. The guideline development group will agree the relevant outcomes for consideration when setting the protocols a priori.
77	SH	Norgine Pharmaceuticals Ltd	31	4.4	How will wider societal costs/impact be incorporated?	Thank you for your comment. NICE is currently consulting on 'Value based assessment'.
22	SH	British Liver Trust	12	4.4	More needs to be included on the QoL impact for family and carers	Thank you for your comment. We will not be considering outcomes relating to carers.
23	SH	British Liver Trust	13	4.4	What consideration will be given to the wider societal impact of cirrhosis?	Thank you for your comment. NICE is currently consulting on 'Value based assessment'.
76	SH	Norgine Pharmaceuticals Ltd	30	4.4 e	'Admission and'…re-admission rates (planned / unplanned etc.), also include readmission within 30days of discharge.	Thank you for your comment. The guideline development group will agree the relevant outcomes for consideration when setting the protocols a priori.
78	SH	Norgine Pharmaceuticals Ltd	32	4.5.1	It would be good to consider in the health services commissioning process the stigma and the psychological / mental health aspect of the disease (cirrhosis) and its associated complications Also consider natural links with existing services such as alcohol &	Thank you for your comment. Where relevant, the guideline will cross refer to other NICE guidance, for example NICE

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					drug liaison services and A&E .	clinical guideline 'Patient experience'.
108	SH	Gilead Sciences Ltd.	3	4.5.1 a	Gilead would like to highlight the importance of the identification of people who may have cirrhosis and would recommend a stand-alone "Screening" section is added prior to "Assessment". The rationale for this, as mentioned in section 3.2, is that 40% of people with cirrhosis are asymptomatic and therefore it is vital that clinicians are informed on how to identify people who are at risk. Risk factors for developing cirrhosis include: • High consumption levels of alcohol • Age (60 years +) • Any risk factor for HCV or HBV: o Living in a high prevalence country: South Asia, Egypt, Italy, Eastern Europe, South America o Received any blood product or had a tattoo prior to 1991 o Any medical procedure outside of the UK o Raised ALTs	Thank you for your comment. Population screening is outside the remit of the guideline.
10	SH	Perspectum Diagnostics	6	4.5.1	We would add the question: 'How should information on the state of a person's liver be reported back to him/her?'. As a chronic disease, we feel it is important that patients are given the chance to understand the extent of their disease in clear terms.	Thank you for your comment. Where relevant, the guideline will cross refer to the NICE guideline on Patient experience.
24	SH	British Liver Trust	14	4.5.1	Need to include mental health support, care and treatment inc impact of stigma, effect of prognosis, potential encephalopathy etc	Thank you for your comment. Where relevant, the guideline will cross refer to other NICE guidance, for example NICE clinical guideline 'Patient experience'.
25	SH	British Liver Trust	15	4.5.1	Other providers can enhance the earlier diagnosis, care, treatment and support inc hospital based alcohol teams, primary care, A&E, sexual health, alcohol and other drug services esp when there are comorbidities	Thank you for your comment. Where relevant, the guideline will cross refer to other NICE guidance, for example NICE

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						clinical guideline 'Patient experience'.
31	SH	Hull & East Yorkshire NHS Trust	2	4.5.1	How can we identify patients who are approaching end of life thus enabling us to have discussions about prognosis and future care preferences?	Thank you for your comment. NICE have recently commissioned a guideline entitled 'Care of the dying adult' and this guideline will cross refer to it where relevant.
79	SH	Norgine Pharmaceuticals Ltd	33	4.5.1	screening tests such as neurocognitive testing should also be included in the assessment of cirrhosis and its complications There should also be better links between current practice of routine neurological testing (e.g. dementia screening, mini-mental exams, ADL/neurological assessments for at risk & elderly patients) and Hepatology.	Thank you for your comment. As outlined in Section 4.3.1 d) we will be considering the monitoring of people with cirrhosis to achieve early detection of complications. **The GDG will prioritise the areas for inclusion in this review during development of the protocol.**
26	SH	British Liver Trust	16	4.5.2	Holistic impact needs to be included esp on family and carers	Thank you for your comment. The guideline will not look for evidence on the impact on carers.
27	SH	British Liver Trust	17	4.5.2	Palliative and EoLC needs to be included inc support for family and carers	Thank you for your comment. NICE have recently commissioned a guideline entitled 'Care of the dying adult' and this guideline will cross refer to it where relevant.
32	SH	Hull & East Yorkshire NHS Trust	3	4.5.2	How can we provide high quality end of life care in different settings for patients with end-stage liver disease? Integration of palliative care services allows active treatment whilst managing complex needs and also preparing the patients, those close to them and the clinical team for the	Thank you for your comment. NICE have recently commissioned a guideline entitled 'Care of the dying adult' and this guideline will

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					possibility of death.	cross refer to it where relevant.
80	SH	Norgine Pharmaceuticals Ltd	34	4.5.2	Education – patient and carer should be included. Focus on stigma reduction also.	Thank you for your comment. Where relevant, the guideline will cross refer to other NICE guidance, for example NICE clinical guideline 'Patient experience',
81	SH	Norgine Pharmaceuticals Ltd	35	4.5.2	Management should be split into sections on avoidance or prevention of cirrhosis and its complications, management of acute or active episodes and preventing recurrence or reducing progression of cirrhosis and its complications	Thank you for your comment. We do not think that this requires any further sub classification. Prevention of cirrhosis is outside the remit of the guideline. Where relevant, we will cross refer to existing NICE guidance.
82	SH	Norgine Pharmaceuticals Ltd	36	4.5.2	Management should also consider how best to track or flag patients who attend different hospitals to reduce potential for misdiagnosis and therefore avoid missed opportunities for patients with cirrhosis (see NCEPOD report 2013) .	Thank you for your comment. The confidential enquiry report focuses on alcohol related liver disease and will be made available to the Guideline development group as required.
83	SH	Norgine Pharmaceuticals Ltd	37	4.5.2	Also should include carer support	Thank you for your comment. The guideline will not look for evidence on the impact on carers.
84	SH	Norgine Pharmaceuticals Ltd	38	4.5.2d	Patient monitoring; Who by and how often. What is the role of shared care?	Thank you for your comment. The guideline development group will discuss and agree the review questions.
85	SH	Norgine	39	4.5.2 e	This should be specific and list the relevant complications: HCC,	Thank you for your comment.

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		Pharmaceuticals Ltd			ascites, variceal bleed, hepatic encephalopathy, hepatorenal syndrome, & spontaneous bacterial peritonitis.	The scope is intended to be a summary and is not intended to be an exhaustive list. The guideline development group will debate and agree the priority areas for review.
86	SH	Norgine Pharmaceuticals Ltd	40	4.5.2	To add 'time frames for referral - urgent and routine to be defined particularly in the case of patients with complications: HCC, ascites, variceal bleed, hepatic encephalopathy, hepatorenal syndrome', & spontaneous bacterial peritonitis	Thank you for your comment. Section 4.5.2 relates to examples of background questions. We cannot prejudge the evidence in this area.
87	SH	Norgine Pharmaceuticals Ltd	41	4.5.2	Add 'end of life care'	Thank you for your comment. NICE have recently commissioned a guideline entitled 'Care of the dying adult' and this guideline will cross refer to it where relevant.
88	SH	Norgine Pharmaceuticals Ltd	42	4.5.2	Also include the referral criteria for referral to transplant services consistency of application of criteria for referral to liver transplant	Thank you for your comment. Section 4.5.2 relates to examples of background questions and is reflective of the main body of the scope. This will be covered by the guideline, as outlined in section 4.3.1 f).
28	SH	British Liver Trust	18	4. 6	As per 4.3.2e	Thank you for your comment. We will be considering the complications of cirrhosis and the guideline development group will discuss and prioritise the complications that will be considered. Where relevant, we will

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						cross refer to existing NICE guidance.
89	SH	Norgine Pharmaceuticals Ltd	43	4. 6	Economics should also include impact on carers not just patient	Thank you for your comment. The guideline will not look for evidence on the impact on carers.
90	SH	Norgine Pharmaceuticals Ltd	44	4. 6	Coding needs to be better / required for complications i.e. Hepatic Encephalopathy (currently no code for this) We strongly recommend the inclusion of a specific code for Hepatic Encephalopathy as it is a major complication with significant cost impact that are currently not captured.	Thank you for your comment. It is not within the remit of the guideline to provide recommendations on the national coding of diseases.
91	SH	Norgine Pharmaceuticals Ltd	45	4. 6	Point about consistency of inclusion of complications of cirrhosis (Ascites, Variceal bleeding, HE, HRS, SBP, & HCC.	Thank you for your comment. We will look at the economic aspects of all included clinical areas.
92	SH	Norgine Pharmaceuticals Ltd	46	4. 6	Many patients transit recurrently through A&E and multiple opportunities for diagnosis and referral/treatment are missed. How will the guideline help address this important issue (as highlighted by the NCEPOD liver report of 2013).	Thank you for your comment. The confidential enquiry report focuses on alcohol related liver disease and will be made available to the Guideline development group as required.
93	SH	Norgine Pharmaceuticals Ltd	47	4. 6	Very little mention of "prevention" – especially of secondary prevention of complications of cirrhosis. This should be explicitly mentioned as a key goal of management.	Thank you for your comment. Prevention of cirrhosis is outside the remit of the guideline. Secondary prevention of complications of cirrhosis will be considered by the guideline.

These organisations were approached but did not respond:

AbbVie
Advisory Group on Hepatitis
Association of Anaesthetists of Great Britain and Ireland
Boehringer Ingelheim
Bristol and Avon Chinese Women's Group
British Medical Journal
British National Formulary
British Nuclear Cardiology Society
British Nuclear Medicine Society
British Psychological Society
British Red Cross
British Society of Paediatric Gastroenterology Hepatology and Nutrition
BSPGHAN
Cambridge University Hospitals NHS Foundation Trust
Care Not Killing Alliance
Care Quality Commission
Chartered Society of Physiotherapy
Department of Health, Social Services and Public Safety - Northern Ireland
Dr Falk Pharma UK Ltd
East and North Hertfordshire NHS Trust
GfK Bridgehead
Gloucestershire Hospitals NHS Foundation Trust
Guy's and St Thomas' NHS Foundation Trust
Health & Social Care Information Centre
Health and Care Professions Council
Healthcare Improvement Scotland
Healthcare Infection Society
Healthcare Quality Improvement Partnership
Healthwatch East Sussex
Hepatitis B Positive Trust
Leeds North Clinical Commisioning Group

Local Government Association
Medicines and Healthcare products Regulatory Agency
Ministry of Defence (MOD)
National Clinical Guideline Centre
National Collaborating Centre for Cancer

National Collaborating Centre for Mental Health
National Collaborating Centre for Women's and Children's Health
National Deaf Children's Society
National Institute for Health Research Health Technology Assessment Programme
National Institute for Health Research
National Patient Safety Agency
NHS Barking & Dagenham CCG
NHS Barnet CCG
NHS Basildon and Brentwood CCG
NHS Bedfordshire CCG
NHS Bexley CCG
NHS Birmingham South and Central CCG
NHS Blood and Transplant
NHS Brent CCG
NHS Bromley CCG
NHS Cambridgeshire and Peterborough CCG
NHS Camden CCG
NHS Castle Point and Rochford CCG
NHS Central London
NHS City and Hackney CCG
NHS Connecting for Health
NHS Corby CCG
NHS Coventry and Rugby CCG
NHS Croydon CCG
NHS Dudley CCG
NHS Ealing CCG
NHS East and North Hertfordshire CCG
NHS East Leicestershire and Rutland CCG
NHS Enfield CCG
NHS Erewash CCG
NHS Great Yarmouth and Waveney CCG
NHS Greenwich CCG
NHS Hammersmith and Fulham CCG
NHS Hardwick CCG
NHS Haringey CCG
NHS Harrow CCG
NHS Havering CCG

NHS Health at Work
NHS Herts Valleys CCG
NHS Hillingdon CCG
NHS Hounslow CCG
NHS Improvement
NHS Islington CCG
NHS Kingston CCG
NHS Lambeth CCG
NHS Leicester City CCG
NHS Lewisham CCG
NHS Lincolnshire East CCG
NHS Lincolnshire West CCG
NHS Luton CCG
NHS Mansfield & Ashfield CCG
NHS Merton CCG
NHS Mid Essex CCG
NHS Milton Keynes CCG
NHS Nene CCG
NHS Newark & Sherwood CCG
NHS Newham CCG
NHS North Derbyshire CCG
NHS North East Essex CCG
NHS North Norfolk CCG
NHS Norwich CCG
NHS Nottingham City CCG
NHS Nottingham North & East CCG
NHS Nottingham West CCG
NHS Plus
NHS Redbridge CCG
NHS Richmond CCG
NHS Rushcliffe CCG
NHS Sandwell and West Birmingham CCG
NHS Sheffield CCG
NHS Solihull CCG
NHS South Lincolnshire CCG
NHS South Norfolk CCG
NHS South Warwickshire CCG
NHS South West Lincolnshire CCG

NHS Southern Derbyshire CCG
NHS Southwark CCG
NHS Sutton CCG
NHS Tower Hamlets CCG
NHS Walsall CCG
NHS Waltham Forest CCG
NHS Wandsworth CCG
NHS Warwickshire North CCG
NHS West Essex CCG
NHS West Leicestershire CCG
NHS West London CCG
NHS West Norfolk CCG
NHS Wolverhampton CCG
North of England Commissioning Support
North West London Hospitals NHS Trust
Nottingham City Council
Nursing and Midwifery Council
PHE Alcohol and Drugs, Health & Wellbeing Directorate
Portsmouth Hospitals NHS Trust
PrescQIPP NHS Programme
Public Health England
Public Health Wales NHS Trust
Public Health Wales NHS Trust
Regional Public Health Agency for Northern Ireland
Roche Products
Royal Alexandra Hospital
Royal College of Anaesthetists
Royal College of General Practitioners
Royal College of General Practitioners in Wales
Royal College of Midwives
Royal College of Midwives
Royal College of Obstetricians and Gynaecologists
Royal College of Psychiatrists
Royal College of Surgeons of England
Royal Pharmaceutical Society
Scottish Intercollegiate Guidelines Network
Sense
Serious Hazards of Transfusion

Sheffield Teaching Hospitals NHS Foundation Trust
Social Care Institute for Excellence
South London & Maudsley NHS Trust
South West Yorkshire Partnership NHS Foundation Trust
Staffordshire and Stoke on Trent Partnership NHS Trust
TB Action Group
The Association of Clinical Biochemistry and Laboratory Medicine
Welsh Government
Welsh Scientific Advisory Committee
Western Sussex Hospitals NHS Trust
York Hospitals NHS Foundation Trust