3rd April 2006

Appraisal Consultation Document: Laparoscopic surgery for colorectal cancer

Comments from Aberdeen Technology Assessment Group

1. Paragraph 3.1. It is stated that the tumour is removed through an abdominal incision. This is not always the case because the tumour may sometimes be removed rectally. It is perhaps more appropriate to say that it is usually removed through an abdominal incision.
2. Paragraph 4.1.6. In this paragraph outcomes for patients converted from laparoscopic to open surgery are reported. It may be worth noting that these results may be biased, as it is not known whether the reason for the conversion was the nature of the patients' underlying condition or caused by some aspect of the laparoscopic surgery. In the former case, patients converted are more severe cases than the majority of laparoscopic patients and as a result would be expected to fair worse, therefore initial choice of laparoscopic surgery does not reflect outcome (although it may affect cost). Differences caused by the latter situation would however be relevant to record. In both situations the risk of conversion may be reduced with experience. In the former case this would be due to improvements in pre-operative assessment and in the latter, it would be due to improvements in operative technique.
3. Paragraph 4.1.7. The sub-group analysis by location of disease referred to in this paragraph did not formally compare risks for the different sub-groups. Any conclusions about the similarity or otherwise of the risks between the different locations of cancer are based on essentially indirect comparisons.
4. Paragraph 4.1.7. No mention is made of the number of studies contributing data on risk of anastomotic leakage by location of the cancer.
5. Paragraph 4.1.8. In this paragraph no reference is made to the meta-analysis by Bonjer and colleagues. In this meta-analysis information on overall survival and disease free survival by stage of the cancer is presented.
6. Paragraph 4.2.2. In this paragraph reference is made to the unpublished data. These data were provided as academic in confidence (AiC). It might be useful to state that the results of this study are not reported in the ACD.
7. Paragraph 4.2.4. In this paragraph reference is made to the threshold analysis conducted on length of stay. The ACD quotes the assessment report which stated "*this magnitude of difference was not observed in any of the studies included in the systematic review.*" This is a

mistake in the assessment report as two non-UK studies reported a difference of this magnitude. We of course regret this mistake and suggest that the text is revised to: "*this magnitude of difference was rarely observed in any of the studies included in the systematic review.*"

8. Paragraph 4.2.5. In this paragraph the results of the economic analysis conducted as part of the Assessment Report is summarised. No mention is made of the probabilistic analysis. This is perhaps inappropriate, as the text does not reflect the statistical imprecision surrounding the results, nor the fact that the decisions about dominance are made using a very strict decision rule.
9. Paragraph 5.1. The CLASICC Trial has collected data on the short-term benefits of the treatments. These data would be suitable for the assessment of QALYs however they have not been made available even as AiC. It may be worth mentioning that such short-term data along with long-term data may also become publicly available.
10. Appendix B. The authorship of the assessment report quoted is incorrect. The authorship should read: Alison Murray, Tania Lourenco and Robyn de Verteuil *et al.*