

RESPONSE TO COMMENTS FROM CONSULTEES

The comments received from the various consultees were reviewed those issues raised that required some clarification as to the work presented in the Assessment Report or raise issues not previously identified.

Comment	Response
Ethicon Endosurgery state that there is no difference in overall or disease free survival	The crucial parameter in deciding long-term cost-effectiveness is survival. Currently the data is available for up to three years follow-up. Recurrence may occur later and therefore longer-term data up to five years would be useful.
The Association of Coloproctology and ALSGBI both noted that the assessment report excluded short-term differences in quality of life.	It is likely that laparoscopic surgery is associated with short-term gains in quality of life. Data to explicitly model such gains were not available but the implied value was estimated as part of Chapter 5. If society were willing to pay £30,000 per additional QALY then the short term gains in quality of life would need to be equal to 0.01 QALYs
The Association of Coloproctology and ALSGBI both noted both suggested that the risk of conversions would be lower with experience	We agree that conversion rates will decrease with experience. This may be due to an improvement in surgical technique as well as the improved selection of patients. However, data were not available to explore this quantitatively.
Ethicon Endosurgery suggested that the evidence to consider the risk of incisional hernia is too narrow.	Evidence with regard to the occurrence of incisional and port-site hernia after surgery for colon or rectal cancer is limited and as a result sensitivity analysis was undertaken to explore this further (see Chapter 5 p.93-94). The risk of port-site hernia after laparoscopic surgery was halved in comparison to the risk of incisional hernia after open surgery. Results showed very little difference in the cost-effectiveness between this analysis and the base-case; this is primarily due to the low risk of incisional hernia that was taken from the literature.
The Association for Perioperative Practice reported that one element of training not considered was that of the theatre team rather than just the surgeon.	The cost of training was not included in the economic evaluation. The implications to the NHS for training was briefly mentioned in Chapter 6. However, this chapter omitted to mention the training of the theatre team and will be revised for the monograph in the light of comments received.
Karl Storz suggest that the capital cost of camera/reusable kit should not be considered in isolation with laparoscopic colorectal surgery as often acute operating theatres already have access to such items as laparoscopic camera systems	The cost data used included the cost of reusable laparoscopic equipment. Although separate data were not reported it appeared that the cost of equipment was annualised and then a patient cost was calculated based on the number of used per year. Such cost should be considered as they do have an opportunity cost. As an indicator of the magnitude of this, cost data obtained from Karl Storz has been used in this response to provide an estimate of the cost per patient of the laparoscopic equipment (see Tables 1 & 2 below).

Table 1 Equipment Cost per patient (Discount rate 3.5%)

Laparoscopic Equipment	No. of instruments	Price for one instrument	Life (years)	Equivalent Annual cost Factor (3.5%)	Annual Equivalent Cost	Annual throughput	Cost per instrument per procedure	Cost per patient per procedure	
Camera system	1	£45,000	8	0.14548	£6,546	260	£25.18	£25.18	
Insufflator (inc in cost of above)	1	£5,000	8	0.14548			NA	NA	
Laparoscope	1	£2,500	5	0.22148	£554	260	£2.13	£2.13	
Other instrumentation	1	£6,000	5	0.22148	£1,329	260	£5.11	£5.11	
Single-use equipment									
	No. of instruments	Price for one instrument							
Tubing set (for insufflator)	1	£50							£50.00
Miscellaneous									
					Cost per annum	Annual throughput		Cost per patient per procedure	
Service Contracts					£2,500	260		£9.62	
							TOTAL	£92.04	

Table 2 Equipment Cost per patient (Discount rate 6%)

Laparoscopic Equipment	No. of instruments	Price for one instrument	Life (years)	Equivalent Annual cost factor (6%)	Annual Equivalent Cost	Annual throughput	Cost per instrument per procedure	Cost per patient per procedure	
Camera system	1	£45,000	8	0.16104	£7,247	260	£27.87	£27.87	
Insufflator (inc in cost of above)	1	£5,000	8	0.16104			NA	NA	
Laparoscope	1	£2,500	5	0.23740	£593	260	£2.28	£2.28	
Other instrumentation	1	£6,000	5	0.23740	£1,424	260	£5.48	£5.48	
Single-use equipment									
	No. of instruments	Price for one instrument							
Tubing set (for insufflator)	1	£50							£50.00
Miscellaneous					Cost per annum	Annual throughput	Cost per patient per procedure		
Service Contracts					£2,500	260	£9.62		
							TOTAL	£95.25	