



**Response of the Association for Perioperative Practice (AfPP) to the National  
Institute for Health and Clinical Excellence Consultation on Health Technology  
Appraisal Laparoscopic surgery for the treatment of colorectal cancer**

This response is provided by the Association for Perioperative Practice (AfPP). AfPP is a professional association representing 8,000 perioperative nurses, operating department practitioners (ODPs) and support staff in the United Kingdom working in both the NHS and the independent sector. This response is representative of the AfPP Board and a cross-section of AfPP members whose views have been sought and collated. Consultees are bound to the terms of the confidentiality acknowledgement.

AfPP are pleased an original AfPP recommendation to the Appraisal Committee from our original Consultation response have been accepted.

“AfPP reported one element of training not considered was that of the theatre team rather than just the surgeon” The guidance for implications to NHS training will be amended to take this into account.

**1. Whether we consider all relevant evidence has been taken into account?**

AfPP are confident the Appraisal Committee has utilised evidence where it is available. This includes the evidence and views of Consultees evaluated by the Assessment Group. AfPP have concerns with regard to the limited reliable evidence which is available to inform the Appraisal Committee of the clinical effectiveness of laparoscopic surgery for colorectal surgery.

The Aberdeen Technology Assessment review Group conducting its own systematic review highlighted the quality of random controlled trials varied. The Appraisal Committee acknowledge quantifiable evidence is not available to suggest laparoscopic surgery may be associated with a slight decrease in the number of lymph nodes retrieved, an increase in anastomotic leakage and a slightly lower risk of operative and 30 day mortality. Evidence is also limited to suggest patients who are converted to open surgery have higher blood loss, longer surgery, longer hospital stay and higher risk of tumour recurrence. Reliable evidence is required for survival outcomes beyond 3 years to inform whether laparoscopic surgery is cost effective.

**2. Whether we consider that the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence and that the preliminary views on the resource impact and implications for the NHS are appropriate?**

AfPP are concerned there is not available a systematic review with regard to economic evaluations of utilising laparoscopic technology. Reliable data is required to assess long term outcomes of patients having laparoscopic surgery with those having open method. The Assessment group have used varying assumptions when formulating an economic model.

**3. Whether we consider that the provisional recommendations of the Appraisal Committee are sound and constitute a suitable basis for the preparation of guidance to the NHS?**

The provisional recommendations are open to challenge in the absence of validated systematic reviews. It is not clear what clinical effective best practice is. Especially with the absence of an economic model. AfPP support the Appraisal Committees findings there is a need for further research:

- To establish long term clinical safety of the technology, especially beyond 3 years
- To identify important sub group differences and establish patient selection criteria
- To assess any differences in clinical and cost effectiveness among the different types of laparoscopic surgery
- To assess costs of training of surgeons **and the non medical surgical team** to carry out laparoscopic colorectal surgery

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