Dear Alana

My comments on the assessment report are as follows:

Comments

NICE Technology Appraisal: Corticosteroids for the treatment of chronic asthma in adults and children over 12 years of age

The assessment comprises a systematic review of clinical and cost-effectiveness studies plus some economic analysis.

The methodology appears to be appropriate. The main criticism of the appraisal is that the conclusions are based on a highly selective group of patients that do not fully represent the heterogeneous nature of individuals with asthma found in the community. For example, the participant usually require to show reversibility to a bronchodilator, which will tend to favour the beneficial effects of the addition of a LABA to an ICS; cigarette smokers are often excluded, a group that are insensitive to low to medium doses of inhaled corticosteroids; the elderly and ethic minorities make a small proportion of participants and so the conclusions may not apply to these sub-groups.

However based on the database available to the authors of the assessment and bearing in mind the criticism outlined above, the main conclusions appear to be valid:

• No consistent significant differences in effects between five licensed inhaled corticosteroids [beclometasone, budesonide, fluticasone, mometasone & ciclesonide] at either low or high doses.
• Beclometasone products are in general the cheapest, but when CFC containing products of beclometasone are excluded then the difference in cost with other CFC –free inhaled corticosteroids is less.
• Addition of a long-acting beta2-agonist (LABA) to an inhaled corticosteroid (ICS) is more clinically effective for some, but not all outcomes, compared to doubling the dose of inhaled corticosteroid alone.
• The cost of combination inhalers (LABA/ICS) is less than separate inhalers with no difference in clinical effect.
• There is no obvious differences in effect or cost between the two combination inhalers [Fluticasone + salmeterol; Budesonide + formoterol]