CONFIDENTIAL

Extra analyses (2) for Ischaemic Heart Disease – Coronary Artery Stents– ACD meeting July 2007

Date: March 2007

Project Number	
Appraisal title	**Coronary artery stents for the treatment of ischaemic heart disease (part review of NICE technology appraisal guidance no. 71)**
Synopsis of the technical issue	Following the recent concerns over the issue of safety of drug-eluting stents (DES) and the recent conclusions of the FDA advisory panel, views have been expressed that the duration of use of anti-platelet therapy (aspirin and clopidogrel) should be extended in patients who have received a DES to 12 months, and in particular in those patients whose lesions are thought to be high risk. As a result of this, further work is requested to be undertaken to examine how the difference in the duration of clopidogrel use between bare-metal stents (BMS) and DES may affect the cost effectiveness.
Question(s) to be answered by the Assessment Group	What is the cost effectiveness of DES in the treatment of ischaemic heart disease, given that there is a difference in the duration of clopidogrel between patients receiving a DES and those receiving a BMS. • The base-case scenario should incorporate the cost (using BNF acquisition costs) of clopidogrel in BMS patients (3 months) and the cost of clopidogrel for DES patients (12 months) • Sensitivity analysis should be carried out around the number of stents used, for both the average number of stents and one stent only.
How will these questions be addressed in an addendum?	The Assessment Group will be asked to: • re-run the model, containing these costs • re-run the sensitivity analysis • present the analyses for the same range of absolute rates of revascularisation of BMS for mean number of stents and one stent only, for elective and non-elective patients as seen in tables B, C, F and G and include a copy of table A from addendum 3" (2006).

CONFIDENTIAL

Date for delivery of report to Institute	10th April 2007