12th January 2006

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Dear Ms Fuller

Health Technology Appraisal
Coronary Artery Stents for the prevention of ischaemic heart disease (review of guidance no 71)

Guidant Ltd would like to make comments on the Assessment Report:

1) Ojbectivity of interest of the Assessment Group
2) The use of the CTC Liverpool data as the foundation for the economic Model
3) The conversion of efficacy observed in clinical trials to effectiveness in real life
4) The use of the Liverpool data in defining repeat revascularization rates and the population at risk.

1) In April 2005 *Bagust et al*[1] published a paper in The Heart arguing that DES should be used in only a very small percentage of patients in the UK. There were many methodological flaws and analytical shortcomings in this paper including use of single centre data, insufficient information about how the data was collected and selective use of data. This paper was also in contradiction to the large amount of data already published in peer-reviewed journals. The Assessment Group involves two key people who authored this publication (Professor Bagust (who developed the economic model) and Professor Walley (responsible for interpreting the clinical and economic data)). Based on the data used in the Assessment Report, it is clear that the report has been heavily biased by the *Bagust et al* publication – which was an outlier in terms of its reported clinical and cost effectiveness results. Guidant believes that this presents a clear conflict of interest which has not been addressed effectively and thus renders the Assessment Report open to bias.

2) The CTC Liverpool data used by the authors is a single centre data. It is not clear what % of DES usage already existed in the data collected (the *Bagust et al* paper says " during this period CTC made minimal use of DES"), which raises questions regarding adequacy of the dataset for further analysis. Also because it is a single centre data, applicability of the data to UK population and NHS practice is questionable.

3) Converting efficacy observed in clinical trials to effectiveness in real-life: The report concludes that DES effectiveness in reducing TVR is much lower (35-46%) than observed in clinical trials (57.5%). For this they give several reasons including *"selecting reporting of results (bias against negative publishing)", "practitioners participating in RCTs are generally enthusiastic volunteers*". - which question the process of peer-review and role of cardiologists v industry. These comments have been made without any factual basis to support it- again raising questions about the bias of key members of the Assessment Group. The use of TVR (instead of TLR) as a clinical endpoint in measuring DES efficacy is also questionable. Further they suggest that most trials have looked at single de novo lesions - which is somewhat true, but even in the BASKET trial[2] which was a complex real-life population; DES reduced TVRs by almost 60% compared against 3rd generation BMS.

4) In addition, the Assessment Report chooses to use base revascularization rates from the *Bagust et al.* paper which are low compared to the 10-25% (BMS arm) revascularization observed in various trials and registries. As previously mentioned the *Bagust et al* paper was an outlier in respect of data they used and the results they reported. The Assessment Group has largely used this data to the exclusion of large amount of peer-reviewed data already available.

Guidant believes that the above points warrant a complete and fundamental re-examination of this report. Guidance on the usage of coronary artery stents will impact the lives of thousands of NHS patients in the UK and as such, only the most robust data should be used.

Yours sincerely

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References

[1] Bagust A, Grayson AD, Palmer ND, Perry RA, Walley T (2005). Cost-effectiveness of drug-eluting coronary artery stenting in a UK setting: cost-utility study. *Heart* Apr 14; [Epub ahead of print] **http://heart.bmjjournals.com/cgi/content/abstract/hrt.2004.053850v1**.

[2] Kaiser C, Brunner-La Rocca HP, Buser PT, Bonetti PO, Osswald S, Linka A, Bernheim, A, Zutter A, Zellweger M, Grize L, Pfisterer ME, (2005). Incremental cost-effectiveness of drug-eluting stents compared with a third-generation bare-metal stent in a real-world setting: randomised Basel Stent Kosten essektivitaats trial (BASKET). Lancet 366:921-929