

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Drug-eluting stents for the treatment of coronary artery disease (part review of NICE technology appraisal guidance 71)

Clarification of Addendum 6

This clarification has been issued by the NICE technical team in response to a query from a consultee regarding how the figures in Addendum 6 have been calculated.

In 4.3.5 of the ACD it states that 'the Committee concluded that elective and non-elective patients should not be considered separately and that the estimates should therefore be merged.'

On page 5 of addendum 6 it states that 'the Appraisal Committee adopted the scenario of 10% risk of revascularisation using BMS in elective patients, and 13% in non-elective patients. The combined risk accepted by the Committee was 11% based on the proportions of the two datasets, 67.65% elective patients and 32.35% non-elective.'

In addendum-supplement 3, addendum 4 and addendum 5, table A, the parameter values for risk-based sub-groups, derived from Liverpool CTC audit data are presented separately for elective and non-elective patients.

In addendum 6, tables A and B, the elective and non-elective datasets have been proportionately combined.

There is not a simple relationship between risk and ICERs when you create an overall average of elective and non-elective cases. This is due to the differences in three separate elements of the calculations:

- the relative proportions of patients with different risk factors vary for electives & non-electives;
- the relative risks for long lesions are similar for electives and non-electives they are different for diabetes and very different for small vessels; and
- the incremental costs differ between the risk factors, and also between electives and non-electives (due to different numbers of index stents required, and the different numbers of CABGs and PCIs in revascularisations, as well as other cost differences).

The final result is that although average risk is the main determinant, all the other factors also have an influence on the combined 'all patients' average results.