Dear Chris,

I know it is past the deadline but we spotted a slight ambiguity in the paragraph 3.13 on page 10 of the entecavir ACD which reads:

"The ERG also conducted exploratory sensitivity analyses that assumed people with HBeAg-negative disease would be treated for their whole lifetime irrespective of whether their disease progressed compensated cirrhosis or not, and that people with compensated cirrhosis receiving treatment would have a similar progression to decompensated cirrhosis regardless of which treatment they received (1.8% per year based on the estimate used for lamivudine in the previous technology appraisal of adefovir dipivoxil and peginterferon alfa-2a for the treatment of chronic hepatitis B – see section 6 below). This resulted in an ICER of £27,124 per QALY gained, when comparing entecavir with lamivudine".

We would like to suggest the following small amendments, as shown in red below:

“The ERG also conducted exploratory scenario analyses of the HBeAg-negative model assuming a lifetime treatment duration. In this scenario patients who progressed to compensated cirrhosis continued receiving treatment unless (or until) they develop decompensated cirrhosis. The same rate of progression to decompensated cirrhosis was assumed for all alternative treatments (1.8% per year based on the estimate used for lamivudine in the previous technology appraisal of adefovir dipivoxil and peginterferon alfa-2a for the treatment of chronic hepatitis B – see section 6 below). This resulted in an ICER of £27,124 per QALY gained, when comparing entecavir with lamivudine".

Regards

[redacted]