

**NICE Health Technology Appraisal
Ranibizumab and Pegaptanib for the Treatment of Age-related Macular
Degeneration**

Response to Appraisal Consultation Document December 2007

SP Harding, [REDACTED]
[REDACTED]

January 2008

Thank you for circulating the second ACD dated December 2007 for the above Health Technology Appraisal and for asking for my comments.

I believe that all the relevant evidence has been taken into account in the preparation of this ACD and that the summaries of clinical and cost effectiveness evidence are reasonable.

I believe that the recommendations of the Appraisal Committee are sound and do constitute a reasonable basis for the preparation of guidance to the NHS.

I believe that there are some additional recommendations that I have previously listed that would greatly benefit patients and the NHS:

1. Pegaptanib should be available for the treatment of patients in whom ranibizumab is clinically problematic. In the experience of [REDACTED] a small but significant number of patients have problems attending every 4 weeks and in these cases the option to treat with pegaptanib would be beneficial.
2. Treatment should be delivered in dedicated facilities by experts in the management of macular disease supported by ETDRS vision assessment, optical coherence tomography and stereoscopic angiography. This would reduce the risk of patients with inactive disease or no neovascularisation receiving treatment based on inadequate assessment or competence.
3. Robust data should be collected on adverse events and outcomes in routine clinical practice. The evidence on safety is limited to phase 3 randomised clinical trials not designed to detect uncommon or rare adverse events. Patients with ischaemic cardiovascular disease were excluded from these RCTs.

SP Harding 16.1.08