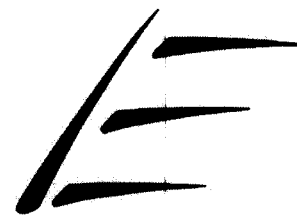


Society for Endocrinology



Dr Carole Longson
National Institute for Health and Clinical Excellence
MidCity Place
71 High Holborn
London
WC1V 6NA

21 February 2008

Dear Dr Longson

Primary and secondary prevention of osteoporotic fragility fractures in postmenopausal women

Further to your letter dated 28 January 2008, the Society for Endocrinology would like the following comments and observations to be taken into consideration by the Appraisal Committee:

1. We have seen and support the comments made by the National Osteoporosis Society.
2. We are particularly concerned by the removal of the clinical expert nominated by the Society for Endocrinology from the process of consultation without provision being made for a replacement. In particular, the results of the appeal mean that the appraisal committee will need to consider a variety of new clinical scenarios. Without appropriate clinical input there is a danger that any guidance produced might not be relevant to the clinical needs of the NHS or might not be clinically workable.
3. We are concerned that this new work will make it difficult to ensure that the appraisals and clinical guideline work together as a single coherent body of advice to the NHS. It appears to us that the guidance that will be produced as a result of the appeal decision is more likely to resemble a care pathway rather than the discrete guidance on specific products which usually results from a technology appraisal. This begs the question as to what role will remain to be filled by the upcoming guideline. We would once again urge the Institute to consider a joint launch of the two pieces of guidance to ensure that they are seen as comprising complementary considered pieces of guidance to the NHS.
4. Turning to the specific modelling questions that we have been asked to address:
 - (a) We are concerned that the DSU has been instructed to use 10x side effects; this appears to apply equally to strontium as the bisphosphonates although we were assured in the appeal that this was not the case.

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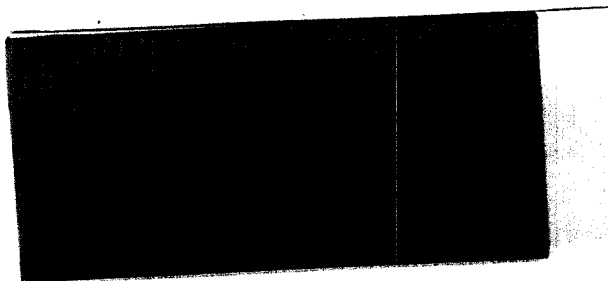
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(b) By only seeking the strategy "when ... become cost effective" the committee may miss out on recommending a strategy which is on the margin of cost-effectiveness (eg CPQ £20 100) but could lead to a more clinically coherent strategy. Surely the committee should be given the full range of ICERs to allow it to make its decisions in an informed manner?

We hope that these comments can assist the Institute in developing its guidance and look forward to working with you to bring this to fruition. Please do not hesitate to contact us to further discuss these issues.

Yours sincerely

A large black rectangular redaction box covering the signature area of the letter.

For and on behalf of the Society for Endocrinology