

NACC has two points to make concerning the ACD:

Further contact with clinicians has confirmed that there is considerable variation in the number of doses of infliximab commonly used. The committee is therefore correct to recognise this as an area of uncertainty and not to prescribe the number of doses to be used in those patients where ciclosporin is contra-indicated. In many cases it will be less than three, but scope should be left for the manufacturer's licensed regime to be used.

We would like to see in the ACD greater provision to recognise the very great concerns patients may genuinely have about ciclosporin. As noted, both drugs have significant potential risks but patients are inevitably aware of the level of concern felt by gastroenterologists about using ciclosporin and that they generally have a greater sense of security with infliximab. (The IBD audit figures showing low use of rescue therapy are evidence of the extent of concern about ciclosporin.) Limiting the use of infliximab to patients with specific contraindications is, we feel, too restrictive. The ACD should recognise situations where the patient is very concerned about the side-effect profile of ciclosporin and recognise this as a valid justification for using infliximab for those patients. Ultimately patients ought to have a choice in this important decision and be able to make a decision with their clinician's guidance.

With thanks - apologies for this arriving a little late. I had thought the 8th was the date for the comments, but realised tonight it was the 3rd.

Best wishes

[Redacted]

[Redacted]

NACC - National Association for Colitis and Crohn's Disease

Telephone: [Redacted] ([Redacted] - [Redacted])
Email: [Redacted]@nacc.org.uk

NACC Website: www.nacc.org.uk

The National Association for Colitis and Crohn's Disease.

Registered Charity Number England 1117148.

Registered Charity Number Scotland SCO38632.

A company limited by guarantee in England: company number 5973370.

Registered Office: 4 Beaumont House, Sutton Road, St Albans, Hertfordshire,
AL1 5HH

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