

## **National Institute for Health and Clinical Excellence**

### **Alitretinoin for the Treatment of severe chronic hand eczema**

- (i) Do you consider that all of the relevant evidence has been taken into account?**

Yes

- (ii) Do you consider that the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence, and that the preliminary views on the resource impact and implications for the NHS are appropriate?**

Yes – see the recent commentary that Dr John Ingram and myself recently did of one of the pivotal studies of Alitretinoin for chronic hand eczema.

- (iii) Do you consider that the provisional recommendations of the Appraisal Committee are sound and constitute a suitable basis for the preparation of guidance to the NHS?**

Yes – I thought they were very reasonable and balanced for a preliminary recommendation for use in the NHS. Just two little points for further reflection :

- (a) Under 1.1 bullet point 2, you sensibly state that the disease has not responded to a second line treatment such as ciclosporin, azathioprine or PUVA. Both ciclosporin and PUVA are only short term, ie. 2-4 months, treatments to try and induce a remission, whereas I was under the impression that alitretinoin was more of a longer term treatment for maintaining remission. So somewhere early on, it needs to be stated what alitretinoin is meant to be doing – is it intended to induce a remission in severe hand eczema that is unresponsive to other treatment, or is it meant to induce remission and maintain that remission for 3-6 months? In which case, direct comparison with ciclosporin or PUVA may not be totally appropriate. In reality of course, some patients with severe hand eczema are given ciclosporin for longer than 3 or 4 months, and those that do respond may then be subsequently controlled with topical treatments that might have failed previously.
- (b) I realise that the recommended dosage of 30mgs once daily is for 12-24 weeks, but some clearer guidance on what happens after 24 weeks should be given. Do you intend that patients who have found this treatment wonderful at 24 weeks should stop at that point and wait for a subsequent relapse for further treatment courses? If so, this should be more clearly stated as I will suspect slippage will occur beyond 24 weeks unless you make it really clear.

Overall, I found the advice very sensible and balanced.

**(iv) Are there any equality related issues that need special consideration that are not covered in the ACD?**

I cannot think of any equality issues here and you have rightly pointed out the limitations of DLQI for people with physical impairments or linguistic difficulties.