

1. In Section 1.2 it is recommended that treatment with alitretinoin be stopped if a patient's hands are not rated as clear or almost clear according to the PGA within 12 weeks of treatment initiation. This may be viewed as inconsistent with the statement made under Section 4.15, which corresponds to the trial protocol where treatment was stopped if patients' hands were still rated as severe following 12 weeks of treatment, but where treatment was continued for patients with hands rated as mild or moderate.
2. In Section 3.5 it may be helpful to provide the placebo response rate for Cohort B for comparison.
3. In Section 3.23 it would be fair to say that the ERG would regard directly observed utility values as preferable to those estimated based on the BAP0003 trial, but ERG report states only that the Augustin study *may* be viewed as more appropriate on this basis. The report did not state a certain preference for the Augustin study, as it is only an unpublished abstract and the ERG cannot be certain of many details of the analysis.
4. In Section 4.13 it is stated that "in people whose eczema is sufficiently severe to result in a DLQI score of 15 or more (the value applied in the BAP0003 study to the PGA-defined severe state), moving to a hands clear or almost clear state would result in benefits that would represent a cost-effective use of NHS resources." However, the decision to provide alitretinoin must be made on the basis of the *expected* response, and it is not possible to provide it only to patients who would experience an improvement to PGA clear or almost clear. Thus any statements about cost-effectiveness should bear in mind that alitretinoin may increase the proportion of patients achieving a PGA state of clear or almost clear relative to placebo (47.7% vs 16.6%), but that the majority of patients receiving the drug would not experience such an improvement.