

British Society of Gastroenterology

3 St Andrews Place
Regent's Park
London NW1 4LB

T 020 7935 3150
F 020 7487 3734



3rd October 2008

Professor David Barnett
NICE
Mid City Place
71 High Holborn
London WC1V 6NA

Dear David,

NICE Technology Appraisal of biologics in Crohn's disease -preliminary recommendations

We are disturbed by the provisional decision not to recommend maintenance therapy for Crohn's disease with either infliximab or adalimumab and know that this concern is widespread amongst the IBD clinician and patient community.

The principal issues as we see it are:

The cost per QALY calculation for maintenance infliximab was apparently based on the added advantage over episodic infliximab rather than the overall cost/QALY and this seems strange and "unfair". There must be many interventions which would be cheapened if intervals were spread or doses reduced so that cost/QALY might well be improved relative to current NICE guidance but at the expense of overall response/remission.

There is such strong evidence now of the advantages of maintenance versus episodic treatment - reduced hospital admission, improved quality of life, reduced antiMab antibodies, possibility of withdrawing azathioprine (about which there is now major anxiety concerning hepato-splenic lymphoma) etc, that many/most clinicians would now regard it as unethical to withhold maintenance treatment once a decision had been made to start using anti-TNF and a good response obtained.

Our specialist nurses point out that episodic treatment is much more labour intensive and requires increased manpower to cope with patient calls re possible relapse.

The lack of any stopping strategy is clearly a worry both in terms of cost and safety and a pragmatic compromise might be to recommend that maintenance anti-TNF treatment is reviewed at least 6 monthly with a view to stopping if 12 months have passed without significant relapse.

Kind regards,

Yours sincerely,

Kel Palmer, President, British Society of Gastroenterology

Chris Hawkey, President-elect, British Society of Gastroenterology

Jon Rhodes, President-in-waiting, British Society of Gastroenterology