HEALTH TECHNOLOGY APPRAISAL: NICE Health Technology Appraisal - Appraisal Consultation Document Peginterferon Alfa and ribavarin for Chronic Hepatitis C.	
TO: NICE	**FROM: NHS Quality Improvement Scotland 17 June 2010**

1. Do you consider that all the relevant evidence has been taken into account? **YES. Although, it would be helpful to present the sustained virological response rates, in the Clinical Effectiveness section, for those (i) re-treated after non-response or relapse to pegylated interferon alfa alone or in combination with ribavirin, and (ii) HCV and HIV co-infected, which were thereafter applied in the economic analysis.**

2. Do you consider that the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence? **YES**

3. Are the provisional recommendations of the Appraisal Committee sound and do they constitute a suitable basis for the preparation of guidance to the NHS? **YES**

[redacted]

1. Do you consider that all the relevant evidence has been taken into account? *If not, what evidence do you consider has been omitted, and what are the implications of this omission on the results?*

The relevant evidence has been included.

2. Do you consider that the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence? *If not, in which areas do you consider that the summaries are not reasonable interpretations*?

On the whole the summaries are fair, with regard to retreatment they have lumped all patients together, the data clearly shows that relapsers with genotype 2/3 have much better responses than genotype 1 non-responders, This should have been reflected in the analysis

3. Are the provisional recommendations of the Appraisal Committee sound and do they constitute a suitable basis for the preparation of guidance to the NHS? *If not, why do you consider that the recommendations are not sound?*

With the proviso stated in 2 the recommendations are sound

[redacted]

Q1 **Satisfactory and thorough relevant evidence.**

Q2 **No. I note the data from TA75/106 and the SMC guidance from 2008 and 2009, along with the committee's views expressed in this recommendation. I remain somewhat concerned that the numbers in the subgroups on which the new guidance is based remain small and the subgroups not always entirely representative. I would prefer a larger study to confirm that there is no significant drop in SVR from the shorter regimes in targeted patients, although I do note the clinical specialist's views that the data could be viewed as clinically comparable. The advice given, (using LVL at Rx initiation and RVR at week 4 to guide which patients from each genotype are candidates for shortened Rx duration), however, is clear, encouraging implementation.**

I wonder whether, on accepting committee's recommendations, it would be possible to answer my earlier question by analysing our own Scottish numbers with shortened Rx regimes for SVR compared to standard Rx regimes in our populations?

Q3 As above.

[redacted]