



NICE Health Technology Appraisal - Peginterferon alfa and ribavirin for the treatment of chronic hepatitis C (Part-review of TA75 and TA106)

Appraisal Consultation Document (ACD)

Comments on behalf of Royal College of Pathologists

1) This report analyses the evidence relating to shortened courses of therapy for HCV infection. All published studies utilise both pre-treatment viral load (classified as high or low, with actual values given) plus an assessment of response to therapy at 4 weeks to underpin the decision whether or not to shorten the period of therapy for a particular patient. Patients achieving an undetectable viral load at 4 weeks are eligible for consideration of shortened duration therapy. However, nowhere in this document (at least that I could find) is there a useful definition of an undetectable viral load. This is a serious deficiency. "Undetectable" is an entirely flexible concept, being dependent on the sensitivity of the assay used. Lower limits of detection in various commercially available HCV viral load assays vary from as low as 12 iu/ml (e.g. Abbott 2000) through to 615 iu/ml (bDNA assays) i.e. by as much as 1 log! The consequences of not giving any guidance at all on a defining level of undetectability will be that practice (and therefore presumably clinical outcomes) will vary between different hospitals and clinics, dependent on which particular assay the serving virology laboratory happens to use.

I can appreciate that it may be difficult to give a hard and fast rule on what constitutes undetectability, and that the various clinical trials of shortened therapy may have used different assays with different lower limits of detection. However, it should not be beyond the scope of the experts involved in drawing up this report to make a recommendation, based on what evidence there is, even if this is made with a qualifying statement of some sort or other. At the very least, the lower limits of detection used in the clinical trials that form the basis of this report should be stated, so that readers have some "ball park" guidance. My own preference would be to see a definition of undetectability as being less than 30 iu/ml.

2) Page 11, para 3.12. The costs of 48 weeks of therapy with PEG-alpha-2b + RV are double the costs of 24 weeks of therapy, which is what I would expect. Why then, is the cost of 48 weeks of PEG-alpha-2a + RV (£11,425) considerably more than double the cost of 24 weeks of therapy (£4824). Is there an error in here somewhere?

