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The Vascular Society
At the Royal College of Surgeons of England
35-43 Lincoln's Inn Fields
London WC2A 3PE



Leicester Medical School

Department of Cardiovascular Sciences

[Redacted]

Dated: 27th July 2009

Dear [Redacted]

Thank you for asking me to represent the Vascular Society on the National Institute for Health and Clinical Excellence Health technology Appraisal on Clopidogrel and modified release dipyridamole for the prevention of occlusive vascular events (review of Health Technology Appraisal no 90). I am happy to do so. Unfortunately, I cannot make the meeting on Tuesday 18th August as I will be on annual leave.

I enclose the confidentiality agreement form and the contact details form which you have agreed to pass on to [Redacted]

I am not entirely sure if I have received all of the documents. Accordingly, my comments (below) relate to those I have been sent by you. If there are any more for me to look at, I will be happy to receive these and try and respond before I go on annual leave next week.

COMMENTS

Appropriateness

The Vascular Society (VS) agree that it is appropriate to review HTA 90, especially in view of the move towards the emergency provision of carotid endarterectomy in patients presenting with TIA and minor stroke who have significant ipsilateral carotid stenoses.

Wording

The wording is appropriate

Timing issues

Timing is appropriate

Background information

Is appropriate

The technology/intervention

Since HTA no 90 published its guidance, many centres now offer single visit, rapid access TIA clinics in order to start appropriate medical therapy (including antiplatelet agents) in patients with TIA or minor ischaemic stroke as soon as possible after onset of symptoms. In addition, these clinics identify patients with severe carotid stenoses who might benefit from expedited carotid endarterectomy (CEA). NICE recommend that CEA should be undertaken within 14 days of the index clinical event, while the Department of Health 'Strategy for Stroke' recommends a 48 hour threshold. Because dual antiplatelet therapy (especially if this includes Clopidogrel) can increase the risk of peri-operative bleeding complications, it is important that clear guidance is provided in HTA no 90 about the timing and choice of antiplatelet therapy in this situation. Similar consideration should be given to deciding upon guidance (regarding dual antiplatelet therapy) in 'high risk' patients being considered for carotid artery stenting.

Many patients undergoing acute coronary interventions receive drug eluting stents which currently mandate a 12 month period of dual antiplatelet therapy (aspirin and clopidogrel). This has major implications for surgeons who are required to consider elective or emergency interventions during this time period. The Vascular Society hope that HTA 90 will consider guidance regarding the cessation/continuation of dual antiplatelet therapy when major elective or emergency surgical procedures are being considered during this time period.

Population

Is appropriate

Comparators

Is appropriate

Economic analysis

Is appropriate

Yours sincerely

