

Rapid Review of A237
sent of behalf of the Association of British Clinical Diabetologists (ABCD) and the
Royal College of Physicians

As the Association of Physicians specialising in the management of people with diabetes, we will comment on the point below alone :

- Are the provisional recommendations sound and a suitable basis for guidance to the NHS?

As given, ABCD/RCP have some concerns around a blanket recommendation to use ranibizumab in the treatment of diabetic macular oedema and would suggest some limitations are included.

The committee commented on the lack of clarity surrounding the effectiveness of treatment in those with poor glycaemic control. That treatment may not be as effective in those with high blood glucose levels can be inferred from the higher ICERs in those with an HbA1c greater than 64mmol/mol (8%). Although RESPOND included patients with an HbA1c up to 10% and RESOLVE up to 12%, the data as published seems to suggest that most patients included were very well controlled. As commented by the committee, this may not be typical of those selected for treatment in clinical practice. The trial data do not comment in any detail on blood pressure control.

This is an expensive treatment. While ABCD/RCP would not like to deprive individuals of what will be a valuable treatment, it would seem reasonable to suggest that nobody should receive this treatment unless they have been adequately assessed and treated by a specialist physician to optimise their risk factors prior to treatment.

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