

## **NICE MTA Appraisal**

### **Association of Chartered Physiotherapists in Cystic Fibrosis (ACPCF) Comments**

The following comments have been submitted by the ACPCF regarding the assessment report for Colistimethate sodium powder and tobramycin powder for inhalation for the treatment of pseudomonas lung infection in CF (ID342)

#### Nebuliser set-up and cleaning times:

(p.8) As nebulisers also require set up time and then thorough cleaning and drying, DPIs will save time.

(p.8) Newer nebulisers such as the Ineb and eflow devices are now available and allow for faster treatment times compared to conventional nebulisers. However, Tobramycin nebuliser solution still takes >7-8 minutes just to nebulise in either the eflow or the Ineb and this does not include any set up or cleaning time. Colistin nebulisers also have to be reconstituted from a dry powder which therefore increases the total time required.

(p.68) With regards to the use of quicker nebulisers, they still require time to maintain (cleaning) and assemble. It should therefore be acknowledged that this adds approximately 10-15 mins in addition to the nebulise time as well.

(p.124) In the economic analysis although the newer nebuliser devices are quicker than conventional systems, the actual treatment time would still require nebuliser set up and cleaning times, whereas a DPI would not require this.

#### Airway clearance for CF

p.23 The ACPCF feel that the sentence 'many cystic fibrosis centres would advocate some form of airway clearance using either traditional percussion/drainage via chest physiotherapy or using positive expiratory pressure (PEP) devices' is an outdated description of appropriate airway clearance in CF. It would be more appropriate to state 'would advocate recognised airway clearance techniques' and reference the ACPCF 'Standards of care and good clinical practice for the physiotherapy management of CF' (CF Trust, June 2011)

#### Nebulisers required post lung transplant

(p.23) Nebulised antibiotics are commonly used for the first 6 months post transplant to assist in treatment of pseudomonas in sinus cavities.

#### Service costs:

(p.28) table 3 re Promixin : It should be made clear that the cost includes the provision of an Ineb device and all consumables and follow on service costs.

(p.28) table 3 re other drugs: It should be made clear that additional equipment costs are applicable to these nebulised drugs. Nebuliser device, consumables, filter cases and service costs are all in addition to the drug costs for Colomycin, Tobramycin and Aztreonam.

#### EAGER trial:

(p.41) Although it is stated that many allowed medications could affect FEV<sub>1</sub> measurements, it should be acknowledged that these would be considered as standard medical treatments for comprehensive CF care.

Cough as a known side effect of DPIs/Treatment adherence:

(p.70) Although 'cough' is quoted as a known side effect of using a DPI, it should be acknowledged that cough may also be reduced if appropriate education regarding inhalation technique and cough control are taught during the initiation dose. Therefore any adverse effects of cough from taking a DPI are minimised and short-lived.

(p.146) Although with the use of DPIs it is unclear whether side effects such as cough will negatively impact on adherence, it should be acknowledged that appropriate education regarding cough control may reduce this. Therefore the convenience of a DPI may result in improved adherence once the patient is used to taking the medication, and is aware of appropriate cough control techniques.

Also, more drugs are being developed as dry powders e.g. Mannitol. Therefore the use of DPIs will become more common and patients will be used to this mode of delivery.

Costs:

(p.77) As the Wolter et al study was carried out in Australia and all costs are quoted in Australian dollars it is difficult to apply this study's relevance and outcomes to clinical practice in the UK.

(p.102) If the DPI price of Colobreathe is so much higher than the nebuliser version, it will be very difficult to justify a change to a DPI.

(p.114) It is very difficult to apply economic models to individual drugs in CF care, because the disease is multi-factorial and requires combinations of drug therapies for optimal management.

  
**On behalf of the Association of Chartered Physiotherapists in Cystic Fibrosis**