Healthcare Improvement Scotland

NICE Health Technology Appraisal On Hepatitis C (children and young people) peginterferon alfa and ribavarin	
TO: NICE	**FROM: Healthcare Improvement Scotland** **08 August 2013**

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 pusblished evidence has all been considered. However it has to be recognised that there are few high quality trials, and most of the evidence arises from observational studies.

2. Do you consider that the analysis of clinical and cost effectiveness has used an appropriate comparator which reflects Scottish practice?

   In general yes, but the age of 11 is probably not the most appropriate to base the "average". Most clinicians treating children would choose, if treating, to treat at an earlier age, and few would choose to treat those approaching or having entered adolescence. Some of the reasons are cited in the text, such as effect of growth, but also, psychiatric problems, and issues with adherence are much more common in the adolescent population..Clearly the average age, and therefore weight (or surface area) affects the dose and therefore the economic analysis

3. 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*?

For favourable genotypes yes. There was no assessment of the effect on quality of life of those who have started, but failed treatment. This is a significant issue in those with less favourable genotypes (1,4,5). It cannot be assumed that this is unaffected by the intervention, as this group may have suffered adverse events (such as growth arrest) without any long term benefit. The treatment itself, particularly as it involves weekly injections is traumatic for some children, and may result in needle phobia which affects their ongoing care.If cured, their subsequent exposure to needles is minimal, but not if they do not achieve SVR. The watch and wait comparator also assumes no treatment at any time in the future. As new technologies are on the doorstep,

some which may allow treatment without interferon (ie without injection) clinicians may choose to watch and wait until

4. 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?*

   Yes, in that the recommendation is that the treatment should be available to clinicians – implying that patients will be treated based on the clinician's clinical judgement of the individual case. This is in contrast to a guildeline or recommendation that patients should be treated.

5. Are the patient pathways and treatment options described in the assessment applicable to NHSScotland? *If not, how do they differ in Scotland?*

   In the text there is a reference to treatment currently only being available in specialist paediatric hepatology centres in the UK. This is factually incorrect, as treatment is already available in Scotland, in specialist centres with experience in the management of viral hepatitis. Treating clinicians may be from a paediatric GI/hepatology, or from a paediatric infectious diseases background, similar to the service provision for adults in Scotland. It is, however, essential that those treating have appropriate expertise. Networking will therefore be essential in order to ensure that there is equality of access to treatment throughout Scotland. Given the evolution of networks in other related areas, such as that for HIV/Primary Immunodeficiency, which involve some of the same clinicians as those treating viral hepatitis, Scotland may well be better placed than other UK countries to deliver this technology.

6. Would the provisional recommendations change the patient pathways and/or patient numbers in NHSScotland? *If so, please describe what these changes would be.*

   Pathways would not need to change but will need further development to ensure that all eligible children are assessed and treated if appropriate.

7. Do you think there is any reason why this provisional guidance would not be as valid in Scotland as it is in England and Wales? *If yes, please explain why this is the case.*

   No, taking into consideration the comments above

8. Please add any other information which you think would be useful to NICE or helpful in guiding the Scottish response to this assessment

As mentioned above, the importance of being aware of new technologies, and the importance of inclusion of children in clinical trials of these technologies in order to inform future evidence cannot be over-emphasised.

Comment provided to Healthcare Improvement Scotland by:
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