NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Peginterferon alfa and ribavirin for treating chronic hepatitis C in children and young people

Clarifications provided from Assessment Group to Appraisal Committee Lead team

The Appraisal Committee Lead team requested clarifications from the Assessment Group on the following issues. The Assessment provided the information by e-mail on 17 June 2013.

Question 1:

Critique of models. p.86, Table 22, Assessment report. Please clarify if the SHTAC figures are reported the right way around ... ie 0.025 and 0.014 or whether this is a typo and should read 0.014 and 0.025.

Assessment Group response: The SHTAC model used different health states than the manufacturers based on more recent evidence (F0-F4 rather than mild to moderate) and therefore the data in Table 22 was provided as an estimate for comparative purposes only and was not directly applied in our model. We have examined the estimates of the transition probabilities between the mild to moderate, and moderate to severe health states further in response to the query and note that the values in the table appear to be an underestimate. The values for mild to moderate and moderate to severe are estimated to be 0.044 and 0.06 respectively.

Question 2:

It is not clear in the Roche model whether transitions to sustained virological response (SVR) were possible from any of the fibrosis states except Mild (which is why they don't report transitions probabilities/utilities for these), or whether they are assumed the same as for mild. In Roche's state-transition diagram there is no link to SVR from any of the more advanced states.

Assessment Group response: From the diagram presented in the Roche manufacturer submission, it appears that SVR is only possible from the Mild health state. However through an examination of the Roche model, SHTAC considers that in fact SVR is possible from any of the starting health states (as the SVR / non SVR

calculation is applied in the worksheet cell CE_estimates_synthesis!D6 regardless of the initial starting health states).

Question 3

In the Merck Sharp and Dohme (MSD) state-transition diagram model there is a transition from SVR -> hepatocellular carcinoma (HCC) which isn't given in any of the other model diagrams. Is it a difference between the models?

Assessment Group response: That is correct. However this only applies to the transition from SVR to HCC for patients initially in the compensated cirrhosis health state. In the MSD model there were 5% patients initially in the compensated cirrhosis health state so this transition probability is only relevant to these patients.