Comments on the ACD Received from the Public through the NICE Website

Name	[redacted]
Role	NHS Professional
Location	England
Conflict	no
Comments on individual sections of the ACD:	
Section 1 (Appraisal Committee's preliminary recommendations)	In general I think the guidelines are excellent, however, I have one are of major concern. One group of patients at high risk of SCD who will be disadvantaged are younger patients with extensive infarction who do not have QRS duration > 120ms. As a practicing devices cardiologist I not infrequently see patients with premature coronary disease (age < 60 years) and EF < 35%. Often these patients have younger families and they have a high risk of sudden arrhythmic death. Whilst I appreciate that NICE cannot discriminate on basis of age, it cannot be right that this group are denied potentially life saving treatment because of a narrow QRS whereas an 85 year old with a QRS of 125ms would qualify especially since the QRS duration criteria are based on subgroup analysis of studies and thus lacks statistical validity. I strongly feel that the current CRG guidelines which are consistent with ESC and ACC/AHA guidelines for this group should be considered as a reasonable way to proceed.

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Comments on individual sections of the ACD:	
Section 1 (Appraisal Committee's preliminary recommendations)	These preliminary recommendations are at odds with current clinical practice which follows the european guidelines. These advocate ICD therapy for patients with a narrow qrs (duration less than 120 ms). If these guidelines are implemented then defibrillator therapy will be witheld from a high risk group of patients namely those who are male and under 60 years of age who have had a large anterior myocardial infarction resulting in severe LVSD with a qrs duration of less than 120ms.
Section 3 (The technologies)	The technology has become considerably cheaper since this analysis. The cost of a complete ICD system is now far less than that quoted and this has considerable bearing on the icer and qaly calculations used to determine if therapy is cost effective or not.
Section 4 (Evidence and interpretation)	The recommendation that ICD therapy be witheld from patients with a qrs less than 120 ms seems to have been influenced by the belief that inappropriate shocks are common and distressing in this subgroup of people. Although inappropriate shocks can happen they are not commonplace in everyday practice. The committee appear to have neglected to recognise that young male patients (under 60) with severe LVSD due to IHD are in fact a high risk group and that denying this subgroup ICD therapy will result in an increase in sudden cardiac deaths. Other technologies have been assessed against an acceptable ICER of £30000 per qaly which would indicate that ICD therapy for the normal qrs group is cost effective