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

Name	[redacted]
Role	[redacted]
Other role	[redacted]
Location	England
Conflict	no
Notes	None
Comments on individual sections of the ACD:	
Section 1 (Appraisal Committee's preliminary recommendations)	State an intended duration of treatment for prasugrel, similar to the TA for Ticagrelor (TA236). Â The SPC for prasugrel suggests a treatment duration of up to 12 months is recommended, unless the discontinuation of Efient is clinically indicated. Wording to this effect will minimise premature swapping to clopidogrel after discharge and equally prevent prolonged duration of dual antiplatelet therapy. The phrase person is not at increased risk of bleeding that is ..60kg or more is misleading as all patients taking aspirin and a second more potent antiplatelet (pras or ticagrelor) will be at increased risk of major bleeding compared to aspirin and clopidogrel. Â The target population identified by the manufacturer included as having optimal benefit from prasugrel were those under the age of 75, weigh 60kg AND with no history of stroke or TIA. Â Could the statement not at increased risk of bleeding be removed and no history of stroke and TIA be inserted: NICE recommends prasugrel in combination with aspirin for up to a year as a possible treatment for preventing .. in those under the age of 75 years, who weigh more than 60kg and have no history of stroke or TIA.
Section 2 (Clinical need and practice)	None
Section 3 (The technologies)	None
Section 4 (Evidence and interpretation)	4.3.9 - the quoted rate of stent thrombosis of 25% in those taking clopidogrel seems very high - expected rates are usually around 2%
Section 5 (Implementation)	None
Section 6 (Proposed recommendations for further research)	None
Section 7 (Related NICE guidance)	None
Section 8 (Proposed date for review of guidance)	None
Date	4/24/2014 5:24:00 PM

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Role	[redacted]
Other role	[redacted]
Location	England
Conflict	no
Notes	
Comments on individual sections of the ACD:	
Section 1 (Appraisal Committee's preliminary recommendations)	I hope that recent data published by the Freeman group showing a mortality advantage for Prasugrel over and above Clopidogrel in patients with STEMI treated with PPCI is included in the appraisal. Although this is not randomised data, it is "real world" data that is highly relevant I hope that recommendations include the use of the 5mg dose of Prasugrel. Since the last TA, more data on this dose is available including platelet function data (Generations and Feather trials)and clinical data (Trilogy trial. I would consider it reasonable to recommend the 5mg dose for patients <60kg and >75yr age rather than avoiding in this patient group.
Section 2 (Clinical need and practice)	
Section 3 (The technologies)	
Section 4 (Evidence and interpretation)	I hope that recent data published by the Freeman group showing a mortality advantage for Prasugrel over and above Clopidogrel in patients with STEMI treated with PPCI is included in the appraisal. Although this is not randomised data, it is "real world" data that is highly relevant I hope that recommendations include the use of the 5mg dose of Prasugrel. Since the last TA, more data on this dose is available including platelet function data (Generations and Feather trials)and clinical data (Trilogy trial. I would consider it reasonable to recommend the 5mg dose for patients <60kg and >75yr age rather than avoiding in this patient group.
Section 5 (Implementation)	
Section 6 (Proposed recommendations for further research)	
Section 7 (Related NICE guidance)	I can not see any representation from the community of Intervention Cardiologists on this committee. I think it would be beneficial if such an individual could be recruited
Section 8 (Proposed date for review of guidance)	
Date	4/14/2014 12:58:00 PM