Hi. I have reviewed the ACD and have the following response for you on behalf of Thanet CCG and South Kent Coast CCG:

1. *Has all of the relevant evidence been taken into account?*
   Yes, I believe all the relevant evidence has been taken into account.

2. *Are the summaries of clinical and cost effectiveness reasonable interpretations of the evidence?*
   Yes, I believe the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence.

3. *Are the provisional recommendations sound and a suitable basis for guidance to the NHS?*
   Yes, I think the provisional recommendations are sound recognising the trial was not powered to detect differences in sub-groups but given the rationale provided in the document. Vedolizumab appears to be valuable treatment option for patients that have not had a TNF inhibitor or not tolerated a TNF inhibitor. To strengthen the commissioning perspective, is it possible to say 'not tolerated' refers to the TNF inhibitor not being tolerated within the initial loading dose period e.g. for infliximab this would be no later than the first three doses [weeks 0, 2 and 6]? It looks like the guidance will provide a significant treatment option (or opportunity) for patients with moderate-severe UC, particularly new patients that have not had a TNF inhibitor. I think the area of the ACD that is weakest is how long to treat for although I recognise there is a lack of clinical evidence about this. It is probably clear when a drug has not worked or stopped working, and probably also when surgery is needed, but it would be helpful to have clinically objective (as much as it can be) guidance on what is remission and further research recommended on dose/frequency or alternative (i.e. non-biologic) treatment required to maintain response after the initial 12 month period.

I could not identify any equality issues.