NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Patient/carer organisation statement (STA)

Edoxaban tosylate for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism [ID662]

Thank you for agreeing to give us your views on this treatment that is being appraised by NICE and how it could be used in the NHS. Patients, carers and patient organisations can provide a unique perspective on conditions and their treatment that is not typically available from other sources. We are interested in hearing about:

- the experience of having the condition or caring for someone with the condition
- the experience of receiving NHS care for the condition
- the experience of having specific treatments for the condition
- the outcomes of treatment that are important to patients or carers (which might differ from those measured in clinical studies, and including health-related quality of life)
- the acceptability of different treatments and how they are given
- expectations about the risks and benefits of the treatment.

To help you give your views, we have provided a questionnaire. You do not have to answer every question — the questions are there as prompts to guide you. The length of your response should not normally exceed 10 pages.

1. About you and your organisation

Your name: [redacted]

Name of your organisation:

AntiCoagulationEurope (ACE)

Your position in the organisation: Project Development Manager

Brief description of the organisation:

Independent charity – aims are the prevention of thrombosis, provision of information and support to people taking anticoagulant or antiplatelet therapies for a range of conditions – VTE, Atrial Fibrillation, mechanical valve replacement and thrombotic disorders.
Membership is supported by subscriptions and resources include a website www.anticoagulationeurope.org, a quarterly publication INreview and a dedicated helpline for patients, carers and healthcare providers. We are committed to striving for continuous improvements in the delivery of patient centric anticoagulant services across all areas of healthcare.

(We are asking for your collective view as an organisation and will be asking patient experts for their individual input separately. If you have the condition, or care for someone with the condition, you may wish to complete a patient expert questionnaire to give your individual views as well.

2. Living with the condition

What is it like to live with the condition or what do carers experience when caring for someone with the condition?

Experiencing a deep vein thrombosis and/or pulmonary embolism for the first time can be devastating. A DVT can cause pain as the circulation is impaired and can affect mobility due to the pain, swelling, warmth, heaviness, redness and tenderness within a limb with the leg being a common site. A pulmonary embolism which has travelled to the lungs may cause breathlessness, chest pain or could cause the person to collapse suddenly. Both DVT and PE are serious conditions that require urgent investigation and immediate treatment with anticoagulants. People who develop either a DVT or PE or at a heightened risk of further episodes and have to adjust to taking medicines to treat and protect them for the future. Treating a DVT promptly and effectively

can minimise the risk of Post Thrombotic Syndrome which causes long term symptoms in the calf ranging from mild to severe and include: calf pain, discomfort, swelling, rashes and ulcers can form in severe cases which need intervention and further treatment for the patient for many years thereafter

Untreated PE can be fatal and those who survive a PE may require intensive care and the recovery can take up to several months.

Individuals become worried and fearful of the risk of PE which can rise with age and when other factors are present. A subsequent or recurrence of VTE such as deep vein thrombosis can cause distress, further medication and patient lives are significantly disrupted; they can be hospitalised for periods of time, restricted in movement and unable to continue with previous activities.

Some patients will need support with mobility.

Current treatments include giving Low molecular weight heparin(LMWH) followed by VKA warfarin which requires regular blood tests to check that the patient's International Normalised Ratio(INR) is in therapeutic range. This can impact on their work and travel situation along with the challenges of adapting lifestyle in order to make adjustments required by current treatments which can be affected by diet and contra - indicated to many other drugs. The VKA drug warfarin can be a challenging treatment with patients with co-morbidities.

Rivaroxaban and Dabigatran, two of the newer oral anticoagulants have been recommended by NICE for treatment of DVT and prevention and recurrence of DVT and PE.

The increased risk of another VTE event or serious impairment or death is of considerable concern to many patients and therefore, appropriate treatment and prevention by way of an efficient, effective and safe medicine is of the upmost priority with this patient group.

3. Current practice in treating the condition

Which treatment outcomes are important to patients or carers? (That is, what would patients or carers like treatment to achieve?) Which of these are most important? If possible, please explain why.

Patients/carers want to be able to access treatments which will treat and prevent further episodes of VTE. They want to ensure that treatment options are effective, safe and be made aware of the benefits and risks of any treatment offered. Patients and their carers will consider convenience and ease of administration e.g subcutaneous injections are painful for the receiver

and may require training or involvement of carers/community/ practice nurse. Monitoring blood levels regularly for warfarin is onerous on the patient, carer and NHS resources and may require frequents trips to the GP or anticoagulant clinic. Patients often have to make lifestyle adaptations (diet, travel, taking meds for other conditions) and this can be disruptive, causing anxiety and concern for both individual and carers.

Dosing adjustments can be frequent in order to reach theraupeutic time in range(TTR) and the regular monitoring can have a psychological impact on the health and well being of the patient as they come to terms with a diagnosis which could be life threatening if left untreated. Newer treatments such as Rivaroxaban and Dabigatran can now be given and these treatments work quickly and do not require regular monitoring, both being non –inferior to warfarin. Dabigatran and Edoxaban require initial treatment period with LMWH or unfractionated heparin.

Patients want to be assured that any treatment will help them towards their recovery and maintaining their health in order to avoid future VTE events which could seriously harm their health

What is your organisation's experience of currently available NHS care and of specific treatments for the condition? How acceptable are these treatments and which are preferred and why?

AntiCoagulation Europe is aware of the current guidelines on management of Venous Thromboembolic diseases (CG144) and Rivaroxaban guidelines (TA 261 and) Dabigatran etexilate guidelines (TA327) having been consultees on the TA programmes We regularly receive clinical updates when attending specialist conferences such as AntiCoagulation in Practice (University of Birmingham) and speaking with specialist clinicians who are members of our medical panel. We understand that the pathways to treating DVT/PE is primarily in secondary care where diagnosis and treatment is initiated. Choice of treatment will be dependent on the protocols within the setting. LMWH followed by Warfarin or Dabigatran or Rivaroxaban may be offered. The expectations of continuation of treatment option and duration when discharged from secondary care will be reviewed with the patient's GP.

Patients who are offered warfarin from the offset may not be aware of alternative treatments and therefore may not be able to access due to local protocols due to commissioning within their CCG areas. We are aware that there are inconsistencies nationally around access to the new anticoagulants. What do patients or carers consider to be the advantages of the treatment being appraised?

Benefits of a treatment might include its effect on:

- the course and/or outcome of the condition
- physical symptoms
- pain
- level of disability
- mental health
- quality of life (such as lifestyle and work)
- other people (for example, family, friends and employers)
- ease of use (for example, tablets rather than injection)
- where the treatment has to be used (for example, at home rather than in hospital)
- any other issues not listed above

Please list the benefits that patients or carers expect to gain from using the treatment being appraised.

Oral treatment - can be given after initial treatment of low weight molecular heparin. Once a day, single dose (dependent on renal impairment and body weight)

No monitoring to check INR levels – no disruption to patient/carer

No adjustments to diet or lifestyle

Non inferior to VKA warfarin and superior for fatal and intracranial bleeding*

*(Edoxaban versus Warfarin for the Treatment of Symptomatic Venous Throboembolism. The Hokusai-VTE Investigators N Engl J Med 2013;369:1406-1415)

Please explain any advantages that patients or carers think this treatment has over other NHS treatments in England.

Advantage may be deemed as alternative to warfarin with no monitoring regime required

If you know of any differences in opinion between patients or carers about the benefits of the treatment being appraised, please tell us about them.

N/A

4. What do patients and/or carers consider to be the disadvantages of the treatment being appraised?

Disadvantages of a treatment might include:

- aspects of the condition that the treatment cannot help with or might make worse
- difficulties in taking or using the treatment (for example, injection rather than tablets)
- side effects (for example, type or number of problems, how often, for how long, how severe. Please describe which side effects patients might be willing to accept or tolerate and which would be difficult to accept or tolerate)
- where the treatment has to be used (for example, in hospital rather than at home)
- impact on others (for example, family, friends and employers)
- financial impact on the patient and/or their family (for example, the cost of travel to hospital or paying a carer)
- any other issues not listed above

Please list any concerns patients or carers have about current NHS treatments in England.

Access to new oral anticoagulants which have been approved by NICE and due to local CCG directives/protocols are not available for treatment. Patients are still being offered warfarin with the demands of INR testing by regular blood tests. Demanding on both patient, family and carers in terms of disruption to work and personal life, limiting travel and impact on taking time off to attend clinics. Dose adjustments required and for some patients, they

are in difficulties in achieving stable TTR causing anxiety and concern as to whether they are 'safe' or at risk of a bleed or another clot

Please list any concerns patients or carers have about the treatment being appraised.

- No known antidote yet available – in clinical trial stages
- Patients who may have been treated with warfarin on a previous occasion will need to be advised of the importance of compliance/adherence of taking the medicines as directed. Patients may also need reassurance of what protocols are in place should they have a bleed as they may be concerned re: antidotes/reversing bleeding.
- Initiation with subcutaneous low molecular weight heparin required before commencement of this drug. A seamless treatment pathway with Rivaroxaban may be more acceptable to patients and their managing clinicians

If you know of any differences in opinion between patients or carers about the disadvantages of the treatment being appraised, please tell us about them.

None

5. Patient population

Are there any groups of patients who might benefit more from the treatment than others? If so, please describe them and explain why.

Patients for whom a vitamin K (warfarin) is unsuitable.

People who have impaired renal function and low body weight can have a lower dose option

Patients who may need to extend anticoagulation for longer than 3-6 month duration

Are there any groups of patients who might benefit less from the treatment than others? If so, please describe them and explain why.

Study excluded cancer patients for which long term treatment with low – molecular weight heparin was anticipated?

6. Research evidence on patient or carer views of the treatment

Is your organisation familiar with the published research literature for the treatment?

☐xYes ☐ No

If you answered 'no', please skip the rest of section 7 and move on to section 8.

Please comment on whether patients' experience of using the treatment as part of their routine NHS care reflects the experiences of patients in the clinical trials.

No comment
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Do you think the clinical trials have captured outcomes that are important to patients? Are you aware of any limitations in how the treatment has been assessed in clinical trials?

Observations:
Non inferior to VKA warfarin and superior for fatal and intracranial bleeding*

*(Edoxaban versus Warfarin for the Treatment of Symptomatic Venous Throboembolism. The Hokusai-VTE Investigators N Engl J Med 2013;369:1406-1415)

If the treatment being appraised is already available in the NHS, are there any side effects that were not apparent in the clinical trials but have emerged during routine NHS care?

None that we are aware of

Are you aware of any relevant research on patient or carer views of the condition or existing treatments (for example, qualitative studies, surveys and polls)?

☐ **Yes** ☐

If yes, please provide references to the relevant studies.

Long – term psychological consequences of symptomatic pulmonary embolism: a qualitative study; Noble S, Lewis R, Whithers J, Lewis S, Bennett BMJ Open 2014:e004561

7. Equality

NICE is committed to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relations between people with particular protected characteristics and others. Protected characteristics are: age; being or becoming a transsexual person; being married or in a civil partnership; being pregnant or having a child; disability; race including colour, nationality, ethnic or national origin; religion, belief or lack of religion/belief; sex; sexual orientation.

Please let us know if you think that recommendations from this appraisal could have an adverse impact on any particular groups of people, such as:

- excluding from full consideration any people protected by the equality legislation who fall within the patient population for which the treatment is/will be licensed;
- having a different impact on people protected by the equality legislation than on the wider population, e.g. by making it more difficult in practice for a specific group to access the treatment;
- any adverse impact on people with a particular disability or disabilities.

Please let us know if you think that there are any potential equality issues that should be considered in this appraisal.

None that we are aware of

Are there groups of patients who would have difficulties using the treatment or currently available treatments? Please tell us what evidence you think would help the Committee to identify and consider such impacts.

Under current local CCG directives: Anticoagulation services are being re-designed around the UK and ACE is aware of cases where patients are being prescribed a NOAC in secondary care and then advised in primary care that they cannot continue, usually due to cost implications around commissioning of anticoagulation services across secondary and primary care. If NICE guidelines recommend a treatment and a clinical decision is made to prescribe, it should be made available to the patient. It is unacceptable that

access is denied or removed for a NICE approved medicine which the patient and managing clinician agree will optimise the patient's treatment and ongoing health in reducing the risk of further VT episodes

8. Other issues

Do you consider the treatment to be innovative?

☐ **Yes** ☐ No

If yes, please explain what makes it significantly different from other treatments for the condition.

Offers similar benefits in terms of treating and preventing further VTE with benefit of reducing fatal and intracranial bleeding. Clinical trial evidence illustrates that treatment was extended past 6 months which is the treatment timeframe within NICE guidelines. This may be beneficial to patients requiring long term treatment

Alternative treatment to Rivaroxaban and Dabigatran and potentially Apixaban that is currently being appraised by NICE – giving clinician and patient choice when considering anticoagulation options

Are there any other issues that you would like the Appraisal Committee to consider?

None at this stage

9. Key messages

In no more than 5 bullet points, please summarise the key messages of your submission.

- Efficacy
- Safety
- Comparator with warfarin for efficacy and superior for fatal and intracranial bleeding as reported in Hokusai – VTE Study
- No regular monitoring or dietary/lifestyle changes required