NICE revision of TA 143 and TA 233

Comments

I am very pleased to see that the draft guidance presented contains important improvements compared with the original NICE guidance and these are very welcome.

The one area in which both sufferers from axial SpA (AS) and physicians will find very difficult is the issue of switching to a second biologic agent when there is secondary loss of efficacy. This often occurs after several years of treatment and current data (DANBIO) indicates that TNF inhibitor treatment fails in approximately 50% of patients by 5 years. This leaves the very significant problem of an individual who has been able to return to virtually normal occupational and family life, while receiving effective treatment, but who then has to revert to the ineffectively treated state if the failing drug is withdrawn and not replaced.

I recognize that fewer patients will respond to the second agent than the first with the consequent adverse effect on the ICER and also that it is not possible to identify confidently those who will and will not respond to a second agent though there is extensive experience of patients who receive a second or third agent in the UK. The only way to assess responsiveness to a second agent is by a trial period of treatment. Thus, I would strongly advocate guidance favouring treatment with a second agent for a trial period of, say 3 months, for individuals who have had a good response to the first agent but lost efficacy secondarily. The criteria for response would need to be as for initial response with stringent arrangements for withdrawing treatment if response criteria are not met.

I greatly fear the consequences of treating people successfully but then allowing them to sink back into their pretreatment state with all that that entails for their comfort, work and family lives as well as the health-related and social costs of long-term disability.

I am grateful for the opportunity to comment.

XX XXXXXX XXXX Consultant Rheumatologist

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