

National Institute for Health and Clinical Excellence

**841/1 – Endoscopic mucosal resection (EMR) and endoscopic submucosal dissection (ESD) of non-ampullary duodenal lesions
Consultation Comments table**

IPAC date: Thursday 15th July 2010

Com . no.	Consultee name and organization	Sec. no.	Comments	Response Please respond to all comments
1	Consultee 1 NHS Professional	1	the procedure may be hazardous, and complication rates are at least as high as after whipple operation. In specialist centres (where all such surgery is now done) the complications are well managed, mortality rates should be 0-3% and the risk of recurrence is absent. therefore EMR/ESD should be limited to the smallest and most accessible tumours	Thank you for your comment.
2	Consultee 1 NHS Professional	1.1	1.1 i agree that more evidence is required, and all centres should be encouraged to report their findings, preferrably in a collaborative study	Thank you for your comment.
3	Consultee 1 NHS Professional	1.2	1.2 agreed	Thank you for your comment.
4	Consultee 1 NHS Professional	1.3	1.3 this should specify an MDT which includes specialist pancreatic surgeons: otherwise proper consideration of all options may be difficult. in practice this means a MDT providing pancreatic surgical services for a Network	Thank you for your comment. The Committee considered this comment but decided not to change the guidance.
5	Consultee 1 NHS Professional	1.4	1.4 agreed	Thank you for your comment.
6	Consultee 1 NHS Professional	1.5	1.5 agreed, but should include record of 90day mortality, for comparison with surgical results	Thank you for your comment. The Committee considered this comment but decided not to change the guidance.
7	Consultee 1 NHS Professional	2.1	agreed	Thank you for your comment.

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8	Consultee 1 NHS Professional	2.2	there is no logic and potential disadvantage to removal of lesions piecemeal (difficult to assess resection margins and depth of invasion), possible dissemination/implantation of tumour cells). in keeping with standard surgical practice for open polypectomy, lesions should be removed in one piece	Thank you for your comment. The Committee considered this comment but decided not to change the guidance. .
9	Consultee 1 NHS Professional	2.3	agreed	Thank you for your comment.
10	Consultee 1 NHS Professional	2.4	agreed. there should be a complete record of mortality in future reports.	Thank you for your comment.

"Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees."