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10th April 2006

Dear Alana,

**Response to Assessment Report:
Laparoscopic surgery for the treatment of colorectal cancer**

Thank you for the opportunity to respond to the above Appraisal Consultation Document (ACD). Our responses are provided under the three general headings requested, in reverse order.

1. Whether the provisional recommendations are considered sound...

We consider the preliminary recommendation to be sound, and able to provide a suitable basis for guidance to the NHS. The committee has identified the key issues of training, patient selection and experience, and has been pragmatic in the recommendations around these. We only question the appropriateness of Local Cancer Networks in determining what is appropriate surgical training, and consider that the professional bodies are better positioned to determine this, as is current practice (**Paragraph 1.2**).

2. Whether the summaries are reasonable interpretations of the evidence...

The clinical evidence reported in section 4 focuses on the long-term outcomes between the open and laparoscopic techniques, which are acknowledged to be equivalent. The only short-term measure reported is theatre time, presumably because it is used in the model. As reported in our submission, and it would appear (from 4.1.9) also by the experts at the meeting, the value of the laparoscopic approach is in the short term benefits realised by patients. We therefore request that Section 4 mention some of the short-term benefits. For example, this could be incorporated in to **Paragraph 4.1.9**:

Submissions from manufacturer and professional consultees contended that long-term clinical outcomes between open and laparoscopic colorectal surgery are equivalent, while short-term clinical outcomes favour the laparoscopic approach. **In addition to reduced length of hospital stay, short-term benefits of laparoscopic surgery to the patient include the requirement for less analgesia; improvements in patient reported quality of life;**

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less intra-operative blood loss; and faster return of normal GI and pulmonary function. *Paragraph continues...*

3. Whether all relevant evidence has been taken in to account

With regard to the recommendation to short-term benefits above, we consider all evidence has been taken in to account.

Furthermore, for your information, it is our understanding that the meta-analysis referred to in **paragraph 4.1.1** has now been accepted for publication in ‘Archives of Surgery’.

Yours sincerely

Adrian Griffin
Director of Health Outcomes