HEALTH TECHNOLOGY APPRAISAL on Laparoscopic surgery for the treatment of colorectal cancer Comments on the Appraisal Document (ACD)	
To: NICE	**FROM: NHS Quality Improvement Scotland**

Reviewer 1

Whether all the relevant evidence has been taken into account.

I believe that all relevant evidence has been taken into account in this document.

Whether the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence and that the preliminary views on the resource impact and implications for the NHS are appropriate.

I believe that the summary of clinical effectiveness is a reasonable interpretation of the evidence but I believe that the data available on cost effectiveness are inadequate to allow a reasonable conclusion to be reached. This is evidenced by the enormous confidence incidence around the estimated cost difference (paragraph 4.2.4).

Whether the provisional recommendations of the Appraisal Committee are sound and constitute a suitable basis for the preparation of guidance to the NHS.

I believe that the provisional recommendations of the Appraisal Committee are sound but I think it is important to stress two areas:

1. It is very important that all laparoscopic colorectal surgery carried out in this country is subjected to a rigorous audit process. I am concerned the results of laparoscopic surgery outside randomised trials may not match up to the published evidence.

2. I believe that the guidance should stress the importance of further research into techniques of laparoscopic colorectal surgery with a view to standardization.

Reviewer 2

Whether all the relevant evidence has been taken into account.

The ACD does not give details of the search strategy that was used to conduct the systematic review. The criteria for including trials in the review are not provided. However the evidence presented in the ACD reflects my personal understanding of the current literature regarding laparoscopic surgery for colorectal cancer.

Whether the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence and that the preliminary views on the resource impact and implications for the NHS are appropriate.

The ACD contains reasonable interpretations of the evidence. The principal finding regarding clinical effectiveness is that laparoscopic colorectal cancer surgery is associated with reduced hospital admission duration when compared with open surgery. For all other clinical parameters, laparoscopic colorectal cancer surgery is at least equivalent to open surgery.

The ACD acknowledges that cost effectiveness is related to conversion rates and admission duration. It is debatable whether sufficiently low conversion rates and short admission durations can be achieved to render laparoscopic colorectal cancer surgery as cost effective as open surgery.

Section 6 of the appraisal document states that the NICE costing unit is currently developing preliminary views on the resource impact and implications for the NHS. The costing unit should recognise that only a minority of British colorectal surgeons are currently trained in laparoscopic colorectal surgery (Harinath et al. Laparoscopic colorectal surgery in Great Britain and Ireland – where are we now? *Colorectal Disease* 2005; 7:86-89).

Whether you consider that the provisional recommendations of the Appraisal Committee are sound and constitute a suitable basis for the preparation of guidance to the NHS.

In general the provisional recommendations of the Appraisal Committee are sound and constitute a suitable basis for the preparation of guidance to the NHS. Three specific points might merit revision.

a) Laparoscopic colorectal cancer surgery has been appraised by a national institution (i.e. NICE). In my personal opinion "*appropriate training*" and "*sufficient frequency to maintain competence*" would be better determined by relevant national professional bodies (e.g. the

Association of Coloproctology of Great Britain and Ireland) rather than by local cancer networks (ACD section 1.2).

b) Given the uncertainty of cost effectiveness and long-term clinical outcomes, it may be preferable to recommend audit of laparoscopic colorectal cancer surgery as "*essential*" rather than "*useful*" (ACD section 5.2).

c) The Committee recommends that the "*suitability of the lesion for laparoscopic resection*" should be considered. However a definition of such "*suitable*" lesions is not provided. Defining suitable lesions would help surgeons and patients make an informed decision regarding laparoscopic colorectal cancer surgery (ACD section 1.3).

Reviewer 3.
Whether all the relevant evidence has been taken into account.

Yes it has.

Whether the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence and that the preliminary views on the resource impact and implications for the NHS are appropriate.

From the information given, I have no reason to question the summaries given.

Whether the provisional recommendations of the Appraisal Committee are sound and constitute a suitable basis for the preparation of guidance to the NHS.

On the evidence given, yes.

Reviewer 4.

This is a comprehensive and thoughtful review of the changes in practice and evidence that have taken place since NICE first pronounced on laparoscopic surgery for colorectal cancer. The conclusions reached reflect my understanding of current practice, that the two procedures have equivalent outcomes in similar cases and that quality of life may well be better with laparoscopic surgery. The cost increments are not substantial.

The conclusions reached would be equally valid in Scotland.