



From the President

Reply to: [REDACTED]

23rd April 2008

Dr Carole Longson,
Director, Centre for Health Technology Evaluation,
MidCity Place,
71 High Holborn,
WC1V 6NA

Dear Dr Longson,

Appraisal Consultation Documents on Technologies for the Primary and Secondary Prevention of Osteoporotic Fragility Fractures in Postmenopausal Women

Further to our joint appeal with the National Osteoporosis Society, the British Society for Rheumatology and the Society for Endocrinology, I am writing on behalf of our Society in response to these documents, which reached me only this week.

I cannot emphasize too strongly how much of a disaster for medical science it would be if you proceeded on the basis of these documents, which are in outright conflict with the now published Technical Report of the WHO "Assessment of Osteoporosis at the Primary health Care Level" (2008). This is even more the case because the methodological basis upon which NICE and WHO each based their evaluations is very similar. While you and I know that mathematical modelling can deliver quite different results according to the initial conditions used in two similarly constructed models, as well as if only slightly varying assumptions concerning causality are adopted, this will not be clear to the intelligent lay person. The impression will be created that NICE is cynically doing the UK Treasury's dirty work while the WHO is the true guardian of the best interests of the British citizen who can now estimate her own risk with the web-based WHO FRAX model. You cannot allow that feeling to develop.

You and I know how much store the UK Department of Health (and the Treasury) place upon their increased investment in medical science. Indeed, in his previous role the Prime Minister made it clear that the new arrangements for funding medical research had his very active support. As a Charity, devoted to research and to education of both the Public and of medical scientists, we acknowledge our interest in ensuring that this Government enlightenment continues. How galling then, for our Society, that we shall now have to conduct a rearguard campaign to deal with the outrage among patients with osteoporosis and their GPs that these documents will create. We shall also have to deal internationally with the fall-out from the growing world view that scientific truth in Britain's government circles takes second place to political or economic expediency.

As the documents currently read, you propose to maintain discrimination, despite the ruling of the NICE appeal Chair. Those who can take alendronate without unacceptable side-effects will receive treatment at a very much lower risk threshold (ie higher bone density T-score) than those who are precluding from taking it, through no fault of their own. In common speech, this maintains discrimination and contradicts the ordinary citizen's understanding of the meaning of the appeal ruling. What is needed is a common threshold for application to everyone considered, that reflects the average price paid for medication. Thus if 20% cannot take alendronate and require a therapy 5 times more expensive the average price of treatment will be:

$(1-0.2) * (\text{price of Alendronate}) + 0.2 * 5 * (\text{price of Alendronate}) = 1.8 * (\text{price of Alendronate})$

The new NICE Evaluation Report gives no evidence of having assessed a wealth of new evidence published in the peer-reviewed scientific literature since 2005. In contrast, the WHO Technical Report is much more up to date and employs the best modern meta-analytic techniques with a separate confirmation data-set for its systematic evaluation of world-wide data. Incidentally, the new data (since 2005) used in the WHO report had all been subjected to systematic peer review and had appeared in highly respected scientific journals BEFORE the WHO was satisfied that their report should be published, a sharp contrast with NICE's, in my view, scientifically insecure method of working.

In my view also, you are unwise to ignore the FDA's considerable concerns about the quality of the evidence concerning etidronate. This has led to its continued exclusion from the USA and as you also know there is not a shred of evidence that etidronate prevents hip fracture.

I could go on at length but I do not want to seem antagonistic. I would like to offer you a way out of this seeming black hole. The Society is willing to assemble a clinical team of experts free of unacceptable Conflicts of Interest to help reconcile the differences between the WHO and NICE documents as they currently read. Such a team has already been put together in shadow form with the active support of the Bone Research Society and its sister Societies. We hope we can proceed with this in collaboration with NICE and I recommend this to you. The scientific honour of England and Wales and the health of our NHS patients demand nothing less.

Yours sincerely,

[Redacted signature]

Cc Presidents/Directors:

National Osteoporosis Society,
Royal College of Physicians,
Academy of Medical Science,
Society for Endocrinology,
British Society for Rheumatology,
Professors David M Reid and Stuart Ralston (for Scotland)
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