Dear Kate

On behalf of of Arrhythmia Alliance, I would like to submit the following response to the second ACD published by NICE on <u>Dronedarone for Atrial Fibrillation</u>. Unfortunately is unwell, but aware of today's closing date has asked me to submit her comments. I have copied her into this email.

Has all of the relevant evidence been taken into account?

In the second meeting the committee were able to hear informed opinion from the full panel of experts and ask questions. It is opinion that they were able to consider all of the evidence and be informed of its relevance in the management of Atrial Fibrillation (AF). I am delighted as a result they were able to review and change the earlier decision and so recommend dronedarone for inclusion in the management of symptomatic AF.

 Are the summaries of clinical and cost effectiveness reasonable interpretations of the evidence?

I understand it to be.

 Are the provisional recommendations sound and a suitable basis for guidance to the NHS?

Based on the information available and the informed guidance from the expert panel I believe the provisional recommendations are a suitable basis for guidance to the NHS.

 Are there any aspects of the recommendations that need particular consideration to ensure we avoid unlawful discrimination against any group of people on the grounds of gender, race, disability, age, sexual orientation, religion or belief?

None to my knowledge.

On behalf of all ofour members and the significant minority group of AF patients who will benefit from this positive recommendations, I would very much like to thank Professor Clark and all members of Committee D fortheir positive review.

Kind regards

