

HEALTH TECHNOLOGY APPRAISAL: NICE Health Technology Appraisal - Assessment Report	
CILOSTAZOL, NEFTIDROFURYL OXALATE, PENTOXIFYLLINE AND INOSITOL NICOTINATE FOR INTERMITTENT CLAUDICATION IN PEOPLE WITH PERIPHERAL HEART DISEASE	
TO: NICE	FROM: NHS Quality Improvement Scotland 14 December 2010

Comments provided by : [REDACTED]

This is a comprehensive review. I have a number of queries/comments. I agree with the conclusions regarding cilostazol but question whether naftidrofuryl is affective (see below).

Meta-analysis

It is very difficult to ascertain from this review how many studies were included for each end-point. For instance figure 1 states that 10 articles were included in the meta-analysis of MWD and PFWD (figure 1), yet from tables 4,5,6 7, 8 ,9 a much higher number of studies are listed with either MWD and or PWD also 16 studies are included in the forest plots for MWD and PFWD

Forest plots

The forest plots for MWD and PFWD would benefit from inclusion of study numbers

Can you really comment on the effect of Naftidrofuryl on MWD and PFWD since there is only 1 included study ?

I presume there are no Forest plots for the Quality of life outcomes due to the lack of studies, hence the need to use MWD and PFWD to calculate utilities for the cost-effectiveness model. The tables provided are very difficult to interpret and not reader friendly.

MODEL used to assess cost-effectiveness

I have difficulty accepting the validity of the technique used by the authors to determine a relationship between the change in MWD and the change in utility scores which could be used to estimate the utility gains associated with the drugs. I understand that there was a lack of data but a sample size of 106 patients is insufficient and calls into question the authors conclusions. Is this a validated method in the field of cost-effectiveness modelling?

When calculating the utilities did the authors take into account the placebo effect?

P.90-The mean baseline utilities may not reflect the quality of life in patients with stable IC in the UK NHS context as the studies tended to involve patients who could walk a minimum distance of 200metre plus.

P.92 Thresh-hold analysis: Inositol nitrate should have been completely excluded from the economic analysis due the lack of effectiveness data

Sensitivity analysis:

P 100A set of simplified assumptions were made for this sensitivity analysis:

- Patients who discontinue with the vasoactive drugs within 24 weeks will have angioplasty;
- Patients in the comparator group with no vasoactive drug treatment will have angioplasty at week 0;

A previous study of vascular surgeons who are members of the Vascular Society of Great Britain & Ireland has shown that only 49% of vascular surgeons would consider angioplasty in a patient with IC.

I agree that only 15% of investigated patients will have a lesion suitable for angioplasty.

P102 The authors state that it is possible for cilostazol to be more effective than naftidrofuryl oxalate and that naftidrofuryl is associated with the greatest uncertainty in terms of incremental effectiveness. Certainly the authors have presented evidence that cilostazol improves MWD and PFWD but there is only one study involving these outcomes which was included in the meta-analysis for naftidrofuryl. Does naftidrofuryl actually improving walking distance?. If there is insufficient evidence for this should you be recommending its use even if it is cheap?

13 December 2010