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Professor Carole Longson
Director, Centre for Health Technology Evaluation
By email


20 October 2011

Dear Professor Longson

Re: NICE MTA - Venom anaphylaxis - immunotherapy pharmalgen - Appraisal Consultation Document (ACD)

The Royal College of Physicians (RCP) plays a leading role in the delivery of high quality patient care by setting standards of medical practice and promoting clinical excellence. We provide physicians in the United Kingdom and overseas with education, training and support throughout their careers. As an independent body representing over 25,000 Fellows and Members worldwide, we advise and work with government, the public, patients and other professions to improve health and healthcare.

The RCP is grateful for the opportunity to respond to the above ACD. Our experts are supportive of the general conclusions and have only a few comments.
1.2-How is a specialist centre experienced in venom immunotherapy to be defined? We would suggest adding 'as evidenced by registration with the Royal College of Physicians scheme for registration of allergy services'.
3.4 - The evidence that being on ACE I inhibitors increases the risk of venom immunotherapy is considered weak and the term contraindicated should be changed to 'should be used with caution'.

We could not see any discussion of the value of using component resolved diagnosis to distinguish between $\operatorname{IgE}$ to venom proteins and carbohydrate moieties in people with dual specific $\lg E$ to wasp and bee. This is an important issue which needs to be addressed. We would favour the routine use of $\operatorname{IgE}$ testing to distinguish these patterns of specific IgE.

Yours sincerely

