

National Institute for Health and Clinical Excellence

664 – Percutaneous mitral valve leaflet repair for mitral regurgitation

Second Consultation Comments table

IPAC date: Thursday 16th April 2009

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response
1	Consultee 1, Specialist Adviser	1.1	The patients that would most clearly benefit from this technology are those who have mitral valve disease that would be suitable for surgery but who are unsuitable for surgery because of co-morbidity. For clarity, this group should be specified separately as appropriate for percutaneous treatment with the usual proviso around governance etc.	Please respond to all comments Thank you for your comment. The recommendations for this procedure will be changed to distinguish between patients for whom surgery is or is not indicated.
2	Consultee 1, Specialist Adviser	1.4	Very few interventional cardiologist have expertise in echocardiography and will usually call upon a cardiologist with echocardiography expertise for support. I would suggest that the MDT include an interventional cardiologist, echocardiologist and cardiac surgeon.	Thank you for your comment. Section 1.4 of the guidance will be changed.
3	Consultee 1, Specialist Adviser	2.3	It should be stated that the evidence presented reflects early experience and that there has been much greater experience with this technology within clinical trials. It should also be stated that more recent reports on outcome have indicated greater efficacy, and that publication of these data is awaited.	Thank you for your comment. The Committee will only normally consider published evidence, and are aware of current unpublished clinical trials. Section 1.7 of the guidance reflects this and also states that the Committee may review the procedure on publication of further evidence.

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4	Consultee 1, Specialist Adviser	2.4	It should be stated that the evidence presented reflects early experience and that there has been much greater experience with this technology within clinical trials. It should also be stated that more recent reports (presented at conference but not yet published) have confirmed the safety of the device and demonstrated that surgical repair remains an option for those patients in whom the device is not successful.	Please respond to all comments Thank you for your comment. The Committee will only normally consider published evidence.

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