NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Single Technology Appraisal (STA)

Aflibercept solution for injection for the treatment of macular oedema caused by central retinal vein occlusion [ID578]

Thank you for agreeing to give us your views on the technology and the way it should be used in the NHS.

Patients and patient advocates can provide a unique perspective on the technology, which is not typically available from the published literature.

To help you give your views, we have provided a template. The questions are there as prompts to guide you. You do not have to answer every question. Please do not exceed the 8-page limit.

About you

Your name: Clara Eaglen

Name of your organisation: Royal National Institute of Blind People (RNIB)

Are you (tick all that apply):

- **a patient with the condition for which NICE is considering this technology?** No
- **a carer of a patient with the condition for which NICE is considering this technology?** No
- **an employee of a patient organisation that represents patients with the condition for which NICE is considering the technology? If so, give your position in the organisation where appropriate (e.g. policy officer, trustee, member, etc).** Yes, Policy and Campaigns Manager at RNIB.
- **other? (please specify)** N/A

General comments:

RNIB is the UK's leading charity helping people with sight loss lead independent and fulfilling lives. An increasing focus of our work is on sight loss prevention and access to treatments. As part of this

work we aim to ensure that patients are able to have new, clinically proven treatments as quickly as possible.

Our appraisal response has been informed through:

- discussions with patients to examine the impact of the eye condition on their quality of life
- discussions with clinicians and patients about current treatment
- conversations with patients who have called RNIB's advocacy helpline
- published research

What do patients and/or carers consider to be the advantages and disadvantages of the technology for the condition?

1. Advantages

(a) Please list the specific aspect(s) of the condition that you expect the technology to help with. For each aspect you list please describe, if possible, what difference you expect the technology to make.

(i) the safe and effective treatment of macular oedema caused by central retinal vein occlusion (CRVO)

- according to the trial data, aflibercept stabilised the vision of many patients and, in 50% of cases, improved vision by 15 letters or more
- Intravitreal injections are a tried and tested delivery method and have been used in clinical practice for a number of years. This gives patients' confidence that the administration method is safe. It also means that clinicians do not have to learn new skills to administer aflibercept to patients.

(ii) increased patient choice and reduction of unnecessary sight loss

- aflibercept provides an alternative anti-VEGF treatment for this eye condition. Ranibizumab is the current NICE approved treatment, however, not all patients will respond to it. Having two NICE approved anti-VEGF treatments - ranibizumab and aflibercept - means that patients who do not respond to the

former can try the latter and vice versa. This should improve the chances of patients avoiding unnecessary sight loss and associated risks of falling due to decreased depth perception. Their long-term chances of avoiding bilateral blindness will also be increased.

- Dexamethasone intravitreal implants are also a NICE approved for this eye condition but are not suitable for all patients. So once again, approving aflibercept will provide a range of options for patients and their consultants to discuss and decide which is best.

(b) Please list any short-term and/or long-term benefits that patients expect to gain from using the technology. These might include the effect of the technology on:

- **the course and/or outcome of the condition**
- **physical symptoms**
- **pain**
- **level of disability**
- **mental health**
- **quality of life (lifestyle, work, social functioning etc.)**
- **other quality of life issues not listed above**
- **other people (for example family, friends, employers)**
- **other issues not listed above**

i. The impact of CRVO on a patient's quality of life:

Being diagnosed with a condition that can lead to sight loss is a sudden and terrible shock. The costs are high financially, emotionally and socially. Even when it only affects one eye, there is a significant amount of distress and anxiety associated with a sudden loss of vision.

CRVO is a serious eye condition that can result in visual impairment and even blindness. It causes central vision loss which means that people may be forced to give up employment, driving, and active pursuits that promote health, such as walking and cycling. They must abandon fulfilling cultural past-times and leisure

activities such as reading, going to the cinema, sewing and DIY. These losses damage quality of life and escalate the risk of mental ill health and social isolation. It also creates extra health and social care burden due to risk of falls and associated complications.

Deramo et al (2003) highlights the way retinal vein occlusion can impact on a person's quality of life. The study set out to examine visual function and vision-related quality of life in people with central retinal vein occlusion using the 25-item National Eye Institute Visual Function Questionnaire (VFQ-25). It concluded that CRVO is associated with a decreased vision-related quality of life as measured by the VFQ-25. The decrease in VFQ-25 scores is related to the degree of visual loss in the better-seeing eye and the overall systemic health of the patient.

Reference:
Deramo et al, 2003: Vision-related quality of life in people with central retinal vein occlusion using the 25-item National Eye Institute Visual Function Questionnaire. Arch Ophthalmol/Vol 121, September 2003.

ii. Short term and longer term benefits of aflibercept in patients with CRVO:

Any treatment which can halt sight loss and potentially improve vision is likely to result in a substantial improvement in a patient's quality of life in both the short and long term.

Aflibercept can save sight and enable patients to continue to live safe and independent lives. It means that they can continue to work, drive and cook safely. Among the patients we spoke to, many feared having to give up work and/or driving.

Some of the patients said that the condition did not have a major impact on their quality of life because they were treated promptly and only had to live with reduced visual acuity and some level of distortion in one eye for a limited period of time. This highlights the

importance of rapid diagnosis and treatment in the prevention of unnecessary sight loss.

Retaining sight in the eye affected by CRVO may become a major factor in quality of life long-term, should the patient develop a condition such as dry age-related macular degeneration (AMD) in their better seeing eye. As retinal vein occlusions and AMD share some risk factors this is not unlikely. The decision to treat the original retinal vein occlusion will mean the patient will not have to rely on successful treatment in their remaining eye to prevent blindness. To illustrate this point, a patient we spoke to lost her sight to CRVO in one eye and developed dry age-related macular degeneration in the other. She is now registered partially sighted and is still progressing towards further sight loss.

2. Disadvantages
Please list any problems with or concerns you have about the technology.

Disadvantages might include:

- **aspects of the condition that the technology cannot help with or might make worse**
- **difficulties in taking or using the technology**
- **side effects (please describe which side effects patients might be willing to accept or tolerate and which would be difficult to accept**
- **or tolerate)**
- **impact on others (for example family, friends, employers)**
- **financial impact on the patient and/or thier family (for example cost of travel needed to access the technology, or the cost of paying a carer)**

All patients felt that the benefits of the treatment outweighed the disadvantages. All of the patients we spoke to did not see any major disadvantages of having the procedure, primarily because it was quick and relatively pain free but also because the alternative was losing sight in the affected eye.

Most patients were nervous about the idea of having an injection in their eye but all agreed that the thought was far worse than the reality. Most could not feel anything during the procedure and few reported pain in their eye the next day. Ultimately their fear lessened significantly after the first injection [please note: these were patients receiving ranibizumab for CRVO].

A complication of intravitreal injections is endophthalmitis, a severe inflammation of the interior of the eye. Timely diagnosis and treatment is required to prevent it causing irreversible sight loss.

After treatment, patient's vision may be blurry so they cannot drive home. They are normally asked to find a friend or family member to take them home from their appointment or to arrange another way to get there and home again. This is burdensome on carers, however, this requirement is common to most eye treatments.

3. Are there differences in opinion between patients about the usefulness or otherwise of this technology? If so, please describe them.

All the patients we spoke to welcomed the use of aflibercept for this condition, noting that sight is precious and that all patients on the NHS should have access to this treatment, particularly if some will not respond to current approved treatments.

4. Are there any groups of patients who might benefit more from the technology than others? Are there any groups of patients who might benefit less from the technology than others?

No comment.

Comparing the technology with alternative available treatments or technologies
NICE is interested in your views on how the technology compares with existing treatments for this condition in the UK.

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(i) Please list any current standard practice (alternatives if any) used in the UK.

In the UK, there are a number of available treatments for macular oedema caused by CRVO:

(a) Intravitreal triamcinolone

We are aware that intravitreal triamcinolone used to be used in both types of RVO; however, RNIB has not heard from patients receiving this treatment in recent years.

(b) Dexamethasone intravitreal implant

In July 2011, NICE recommended dexamethasone intravitreal implant as a possible treatment for macular oedema due to retinal vein occlusion if the patient has macular oedema due to blockage of the central retinal vein.

The practical advantages of dexamethasone intravitreal implant relate to the fact it is injected into the eye once every six months compared with eight/nine injections when using ranibizumab.

However, dexamethasone (Ozurdex) is contra-indicated and cannot be used in patients with:

- advanced glaucoma which cannot be adequately controlled by medicinal products alone
- previous raised intraocular pressure with steroids
- hypersensitivity to dexamethasone
- active or suspected ocular or periocular infection

(c) Anti-VEGF treatments

Ranibizumab:

- In May 2013, ranibizumab was recommended as an option for treating visual impairment caused by macular oedema following central retinal vein occlusion.

Bevacizumab:

- We are concerned that some clinics may be using an unlicensed drug - bevacizumab - to treat this eye condition. We, like the Royal College of Ophthalmologists, feel NICE and the Medicines and Healthcare Products Regulatory Agency (MHRA) must review the use of this drug in the eye before it is used to treat any eye condition. We also believe it is vital that a national body is identified to take responsibility for the risk management and pharmacovigilance relating to any ongoing use of bevacizumab in the eye. Also, General Medical Council guidance states that doctors should not prescribe an unlicensed treatment if a suitable licensed medicine will meet the patient's needs, therefore we feel NICE must not advocate the use of bevacizumab in the eye.

(ii) If you think that the new technology has any advantages for patients over other current standard practice, please describe them. Advantages might include:

- **improvement of the condition overall**
- **improvement in certain aspects of the condition**
- **ease of use (for example tablets rather than injection)**
- **where the technology has to be used (for example at home rather than in hospital)**
- **side effects (please describe nature and number of problems, frequency, duration, severity etc)**

Not all patients will respond to the current anti-VEGF treatment, so another option could mean the difference between patients keeping or losing their sight.

(iii) If you think that the new technology has any disadvantages for patients compared with current standard practice, please describe them. Disadvantages might include:

- **worsening of the condition overall**
- **worsening of specific aspects of the condition**
- **difficulty in use (for example injection rather than tablets)**

- **where the technology has to be used (for example in hospital rather than at home)**
- **side effects (for example nature or number of problems, how often, for how long, how severe).**

We feel there are no disadvantages.

Research evidence on patient or carer views of the technology
If you are familiar with the evidence base for the technology, please comment on whether patients' experience of using the technology as part of their routine NHS care reflects that observed under clinical trial conditions.

No comment - this treatment is not in routine use for macular oedema caused by central retinal vein occlusion.

Are there any adverse effects that were not apparent in the clinical trials but have come to light since, during routine NHS care?

No comment - this treatment is not in routine use for macular oedema caused by central retinal vein occlusion.

Are you aware of any research carried out on patient or carer views of the condition or existing treatments that is relevant to an appraisal of this technology? If yes, please provide references to the relevant studies.

RNIB has spoken to a number of patients and carers to inform this appraisal response.

Availability of this technology to patients in the NHS
What key differences, if any, would it make to patients and/or carers if this technology was made available on the NHS?

It would mean patients have access to an alternative NICE approved treatment that is safe and effective - this is especially

important if they do not respond to or are unable to use current approved treatments.

If approved, aflibercept could improve the sight of many patients and prevent those of working age giving up employment.

Finally, it could help patients maintain their independence (e.g. by continuing to drive) and prevent isolation and depression which is often associated with sight loss.

What implications would it have for patients and/or carers if the technology was not made available to patients on the NHS?

It will mean that patients who can afford to pay for the treatment privately will be able to do so, while those who cannot will be unable to access aflibercept. This could exacerbate health inequalities.

Leaving patients to obtain aflibercept through Individual Funding Requests is not acceptable. In our experience, this route rarely provides access to the treatments that patients desperately need.

Furthermore, it would increase the use of the unlicensed bevacizumab which has not been tested in this indication and whose safety is being increasingly questioned.

Are there groups of patients that have difficulties using the technology?

No

Equality
NICE is committed to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relations between people with particular protected characteristics and others. Please let us know if you think that this appraisal:

- **could exclude from full consideration any people protected by the equality legislation who fall within the patient population for which [the treatment(s)] is/are/will be licensed;**
- **could lead to recommendations that have a different impact on people protected by the equality legislation than on the wider population, e.g. by making it more difficult in practice for a specific group to access the technology;**
- **could lead to recommendations that have any adverse impact on people with a particular disability or disabilities.**

Please tell us what evidence should be obtained to enable the Committee to identify and consider such impacts.

Macular oedema caused by CRVO mainly affects older people (65 and over) and NICE should consider how its decision affects this group of individuals.

Other Issues
Please consider here any other issues you would like the Appraisal Committee to consider when appraising this technology.

In the past year, we have helped 88 patients who called our advocacy helpline with macular oedema caused by CRVO. On each occasion, staff spent time explaining the condition, its treatment and listened to patients' fears - they are usually terrified of losing their sight, employment and ability to drive.

RNIB calls on the NICE Appraisal Committee to recommend aflibercept solution for injection for the treatment of macular oedema caused by CRVO without restrictions.

We also ask that the final guidance recognises the importance of rapid access to this treatment - as the quicker a patient receives treatment the better their visual outcome is likely to be.

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We also believe that aflibercept should be made available for any eye (judged by a qualified clinician) likely to benefit from the treatment. Eligible patients should be treated for macular oedema secondary to CRVO because of the risk of developing this or other eye conditions in the second eye.

We also urge NICE to ensure its guidance is accessible.

- Online information on websites must conform to the W3C's Web Accessibility Initiative Web Content Accessibility Guidelines (WCAG) 1.0, level AA
- Print materials, including downloadable content, should comply (where possible) with our "see it right" guidelines:

http://www.rnib.org.uk/professionals/accessibleinformation/Pages/see_it_right.aspx