

National Institute for Health and Care Excellence
IP780/2 - Radiation therapy for early Dupuytren's disease
Consultation Comments Table

IPAC date: 13 October 2016

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
1	Consultee 1 Patient	N/A	I am a 55 year old male Dupytren's Disease sufferer. I am based in Surrey UK. I have had Radio Therapy treatment (2013)on both my hands under Dr. [REDACTED] in [REDACTED] Hospital. The treatment was a real and tangible benefit to me. In my estimation I have seen the significant reduction of nodules and (to a lesser extent) the cords in both hands. There were no side effects. I believe this prevented the need for surgery (I have been consulting Mr [REDACTED], Hand Surgeon at [REDACTED] [REDACTED]) and reduced the need for more radical and expensive intervention. I have had xiaplex proceedure to mop up the most severe DD symptoms of one cord in one finger. Again this was a more cost-effective treatment than surgery. I also believe that surgery is invasive and more likely to exacerbate the peripheral onset of Dupytren's Disease. In view of my positive experience I am a big advocate of RadioTherapy for Dupytren's and Ledderhosen. I'll be happy to provide more information if required.	Thank you for your comment. The committee very much welcomes hearing from patients who have undergone this procedure and considered your experience and views in their deliberations. Cost-effectiveness is not part of the remit of the IP Programme.

2	Consultee 2 Patient	N/A	I was diagnosed at the age of 34 in 1998 with rapidly progressing Dupuytren's Disease (DD) in my right hand, both my parent's families have DD. Given my youth and the rate of progression I was advised by [REDACTED], a leading UK hand surgeon that it was very likely I would need surgery within 18 months. Having witnessed a colleague's surgical treatment for DD: 5 surgeries in 7 years, time off work and loss of function in his hands I sought alternative treatments as I was concerned about the risk of progression and re-occurrence following surgery which at the time was the only form of treatment available in the UK. Following research, advice from consultant surgeons in my family and a Professor of Therapeutic Radiotherapy based in the UK I went to Munich in where I received 5 consecutive days of 15 Gy in 1998 on my right hand and 5 consecutive days of 15 Gy in 1999 on my left hand which had progressed significantly after the initial diagnosis for my right hand in 1998. In both cases my hands showed significant improvement during and within 2 weeks of treatment, with a softening of nodules and a reduction of contracture. Given the success of the treatment, difficulties getting time off work for the treatment and through discussions with the Professor of Therapeutic Radiotherapy we decided to defer indefinitely the second typically 12 weeks later round of radiotherapy treatment – so I only received 50% of the standard protocol. Now 17 years' later I have had no further progression and am very happy with the radiotherapy treatment on my hands. I suffered no side-effects either during treatment or afterwards. I am therefore a strong advocate of treating DD with radiotherapy.	Thank you for your comment. The committee very much welcomes hearing from patients who have undergone this procedure and considered your experience and views in their deliberations.
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3	Consultee 2 Patient	N/A	I was involved in the NICE consultation in 2010 to permit (for research purposes) radiotherapy for DD. The initial consultation which was carried out by hand surgeons with no input from radiotherapists or patients advised against the use of radiotherapy. I felt that this assessment was completely biased and based on my experience with hand surgeons considered it an attempt to ensure hand surgeons were the only ones allowed to treat DD either on economic grounds (less private income for their practices) or through their conservatism. Following objections, the 2010 study was reassessed before going to the NICE committee, and with radiotherapy/oncology practitioner representation/support at the NICE committee meeting radiotherapy was made an approved treatment for DD 'for research purposes'. I would therefore be concerned if as a result of this consultation the option for patients to choose radiotherapy as a treatment was removed or weakened in the UK. It is not clear to me from reading the consultation documents what the exact intent of this consultation is, but I would hope it's not another attempt by hand surgeons to monopolise treatment in the UK to the disadvantage of DD patients?	Thank you for your comment. This guidance is for people with Dupuytren's disease who do not have contracture or any significant loss of function (early stage). The main recommendations in the original IP guidance for radiation therapy for early Dupuytren's disease (IPG 368) were use with special arrangements for clinical governance, consent and audit or research. The main recommendations in the review of IPG 368 remain use with special arrangements for clinical governance, consent and audit or research as data collection since the original guidance was published had been disappointing and the quantity and quality of the evidence on the efficacy of this procedure remain inadequate.
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4	Consultee 2 Patient	N/A	I would therefore like to make the following points: 1. Radiotherapy for DD in the early stages has a high success rate, and stands a good chance of completely halting the disease and providing long term benefit 2. It is a relatively cheap treatment – my costs were 150 Euros per hand in 1998/1999 – 10 minutes of radiotherapy technician time x 5 days 3. The side-effects are limited and in my opinion not serious, although many hand surgeon's would like to disagree and in particular tend to raise the issue of cancer when discussing treatment options with patients 4. As far as I know, no DD patient, treated with radiotherapy has ever had cancer on their hands (or elsewhere) which can be attributed to their radiotherapy treatment for DD 5. While the risks of radiotherapy are upsold by hand surgeons, the risks of surgery are often underplayed – nerve damage, skin damage, further progression and spread, repeat surgeries	Thank you for your comment. Cost-effectiveness is not part of the remit of the IP Programme. Section 1.1 of the guidance has been reworded as follows: "<i>The evidence on radiation therapy for early Dupuytren's disease raises no major safety concerns. Current evidence on its efficacy is inadequate in quantity and quality, and is difficult to interpret because of uncertainty about the natural history of Dupuytren's disease. Therefore, this procedure should only be used with special arrangements for clinical governance, consent and audit or research.</i>" The committee has added a comment in section 6.4 in regards to safety: '<i>The committee noted that, despite the theoretical risk of malignancy, there were no reports of radiation-induced malignancy in the literature identified in the overview.</i>'
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5	Consultee 2 Patient	N/A	I would therefore like to make the following recommendations: a. My belief is that the assessment of this treatment should be made independent of those who might have an economic interest through private practice of alternative treatments e.g. hand surgery b. Any analysis should be dispassionate, logical, scientific and should be independent of anyone with an economic interest in alternative treatments c. That radiotherapy should be made more widely available in the UK for treatment of early stage DD, both within the NHS and privately, and that its 'research status' should be removed, and made a more mainstream treatment – providing patients with the maximum choice of the most appropriate treatments d. Any assessment of the economics of differing treatments should take into account the economic costs to patients and to the UK economy in general – several weeks off work for surgery versus very limited impact for the alternatives of radiotherapy, needle aponeurotomy and collagenase e. The ongoing reference in NICE consultations to a lack of clinical trials in the UK for this treatment as a reason for holding back its more widespread use should also be removed – there is enough international evidence. It is also a 'catch 22' situation, by continuing to restrict the use of this procedure in the UK, the opportunities to run a clinical trial are restricted and thus the UK evidence required by NICE will never happen f. I feel rather than narrowly assessing a single treatment choice in a consultation, NICE should really step back and compare all the treatments for DD, providing a comparison of the benefits, outcomes, side effects, re-occurrence and economics of a 4 main treatment options – it could then	Thank you for your comment. The committee, which is made up of 25 members from a range of specialties who are independent of NICE, makes recommendations about a procedure on the basis of the evidence relating to its efficacy and safety. Before a procedure is considered by the committee, NICE seeks the opinion of at least 2 Specialist Advisers who are nominated by relevant Specialist Societies (in this case the British Society for Surgery of the Hand and the Royal College of Radiologists). Cost-effectiveness and funding of clinical trials are not part of the remit of the IP Programme. The remit of the NICE Programme is to consider the safety and efficacy of individual treatments. We do not provide comparative reviews of multiple treatments and their relative positioning in clinical pathways. Other parts of NICE do produce Clinical Guidelines but that was not the aim of this assessment.
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		N/A	come to a more rational conclusion? Therefore I believe you should continue to permit the use of this treatment in the UK, and consider initiating a more formal trial, if you feel the documented international trials are insufficient?	Section 2.1 of the guidance has been changed to incorporate the definition of “early disease” as follows: <i>‘Dupuytren's disease is a benign fibroproliferative disorder of the fascia of the hand and fingers. Its aetiology is unknown. It is characterised by connective tissue thickening in the palm of the hand, forming nodules. These nodules are thought to progress to form cords, which cause difficulty in extending the fingers. Symptoms include reduced range of motion, reduced hand function and pain. It most commonly affects the fourth and fifth fingers. Most patients are affected in both hands. There is no formal clinical definition of early disease but the term is generally used for patients with contractures of 30 degrees or less, with or without palmar disease. Not all patients have progressive disease, and the natural history of the disease is not well understood.’</i>
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				The evidence reviewed for this procedure did not compare radiotherapy against surgery of the hand. The committee considered that the quantity and quality of the published evidence on the efficacy of this procedure are inadequate. “Special arrangements” recommendations do not restrict clinical trials being done on this procedure, and the committee encouraged further research. It is not within the remit of the committee or of NICE to initiate a formal trial.
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6	Consultee 3 Patient	N/A	Ive just finished my 2nd phase of RT under Prof [REDACTED] at [REDACTED]. I had very little contracture but lumps and nodules in both hands. Lifting and even driving had become painful. Anything rubbing against the lumps caused soreness. I approached my GP who would do nothing. I waited a year compiling information and went to see another GP at my health centre. This time he gave me the referral after reading through my paperwork. I had to do the leg work regarding finding a consultant specialising in RT for DC. Fortunately Prof. [REDACTED] answered an email I sent and I was on my way. I have had very little reaction. A little burning in my palm and a bit of soreness but nothing above a one out of ten is all I've had but today, I met with a colleague I havent seen in a month. He shook my hand and immediately commented how soft my palms have become. I can drive and work comfortably again. Prof [REDACTED] thinks improvements will be seen for the next 12 months. I cannot comment on the long term results but certainly my quality of life and the ability to be productive at work has been massively improved. I really feel very blessed to have had this treatment. I would like to make one more comment that may or may not be relevant. The treatment I have received from Prof. [REDACTED] and his team; [REDACTED] staff and everyone involved in the process has been unbelievable. It was a sad day when I finished my treatment. They really are a very special family.	Thank you for your comment. The committee very much welcomes hearing from patients who have undergone this procedure and considered your experience and views in their deliberations.
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7	Consultee 4 British Dupuytren's Society	N/A	Special audit needed for radiotherapy for Dupuytren's is not in line with guidelines for other non malignant diseases such as retrobulbar irradiation for thyroid eye disease. Does NICE consider the possible after effects for radiotherapy for Dupuytren's to be worse? This risks Dupuytren's patients being placed at a disadvantage compared to others in finding appropriate NHS treatment. Radiotherapy offers hope for patients, rather than having to wait until it is bad enough to operate' as most get told to do, radiotherapy offers a chance to slow or stop progression and save hand function for years to come. Patients search for treatments like this, and want to do what they can to prevent needing surgery. Compared to surgery radiotherapy offers a relatively risk-free treatment that has benefitted a large number pf patients already, with many more wanting the treatment but not being able to pay private and being refused access on the NHS. As a charity we would like to see everyone in the right stage of the disease being made aware of the possibility and able to access the treatment on the NHS.	Thank you for your comment. The consultee disagrees with main recommendations. The committee does not produce comparative guidance and the guidance on the efficacy and safety of radiation therapy for early Dupuytren's disease is based on the evidence on this procedure alone. The recommendation for "special arrangements" was made by the committee weighing up all the evidence on both efficacy and safety. Section 1.1 of the guidance states: <i>" The evidence on radiation therapy for early Dupuytren's disease raises no major safety concerns. Current evidence on its efficacy is inadequate in quantity and quality, and is difficult to interpret because of uncertainty about the natural history of Dupuytren's disease. Therefore, this procedure should only be used with special arrangements for clinical governance, consent and audit or research."</i> The committee considered your comment but decided not to change the main recommendations.
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8	Consultee 5 Researcher Kennedy Institute of Rheumatology- University of Oxford	1	In support of and in addition to the points raised in the interventional procedure overview document I would like the committee to consider in future research if indicated that: 1. early disease is defined 2. progressive disease is documented 3. outcome measures are objective, reliable and valid	Thank you for your comment. Section 1.3 of the guidance has been reworded as follows: “ <i>NICE encourages further research into radiation therapy for early Dupuytren’s disease, including randomised controlled trials. Because of the uncertainty over the natural history of the disease, this should include studies comparing the long-term efficacy of radiation therapy with no radiation therapy. Studies should include details of patient selection, stage of disease progression, duration and types of treatment, patient-reported outcomes, and long-term efficacy and safety data. NICE may update the guidance on publication of further evidence.</i>” Section 2.1 of the guidance has also been reworded to reflect the fact that early disease is not well-defined as follows: ‘<i>Dupuytren’s disease is a benign fibroproliferative disorder of the fascia of the hand and fingers. Its aetiology is unknown. It is characterised by connective tissue thickening in the palm of the hand, forming nodules.</i>
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				<i>These nodules are thought to progress to form cords, which cause difficulty in extending the fingers. Symptoms include reduced range of motion, reduced hand function and pain. It most commonly affects the fourth and fifth fingers. Most patients are affected in both hands. There is no formal clinical definition of early disease but the term is generally used for patients with contractures of 30 degrees or less, with or without palmar disease. Not all patients have progressive disease, and the natural history of the disease is not well understood.”</i> <i>The committee has added a comment in section 6.3 in regards to the uncertainty around the natural history of the disease: “ The committee noted that, given the uncertainty over the natural history of the disease, it is difficult to identify which patients have disease that will progress.”</i>
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9	Consultee 5 Researcher Kennedy Institute of Rheumatology- University of Oxford	4 and 5	I would like to bring to your attention our recent publication 'Systematic review of non-surgical treatments for early Dupuytren's disease'. https://bmcmusculoskeletdisord.biomedcentral.com/articles/10.1186/s12891-016-1200-y The review included the relevant literature in all languages and reviewed radiotherapy treatment. The points raised above are discussed in the review. I would also like to draw your attention to Additional file 2: Table of excluded studies detailing study design, treatment, numbers of patients and reasons for exclusion. Some of the studies included in the interventional procedure overview document included patients who had recurrent disease and who had previously received other treatment or where extraction of data was problematic for patients with early disease according to our inclusion criteria.	Thank you for your comment and for sending us your recent publication. The Ball (2016) paper was identified by our updated literature search. It is a systematic review of non-surgical treatments for early Dupuytren's disease. It includes 26 studies, of which 10 are on radiotherapy for the treatment of early Dupuytren's disease. The Additional file 2 lists the excluded studies and the reasons for exclusion from the systematic review. It has been added to the main extraction table (Table 2) in the overview.
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