National Institute for Health and Clinical Excellence

339 – Photodynamic therapy for early-stage oesophageal cancer

Comments table

IPAC date: 15 September 2006

Consultee name and organisation	Section no.	Comment no.	Comments	Response Please respond to all comments
Individual respondent – patient	**1 – Recommendation**	1	Adequate. Clinicians should ensure that alternative options are described along with the (potential) limitations of this process.	The respondent agrees with the guidance.
Oesophageal Patients Association	**1 – Recommendation**	2	It may be useful to differentiate between cancer types (squamous/adeno/small cell) in any trial and audit of outcomes.	Studies often included a mix of cancers without reporting outcomes separately. Details of the populations included in the studies are provided in the overview.

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Individual respondent – patient	**2 – Indications**	3	There is no indication in the document of selection criteria	Section 2.1.2 was amended as follows: ’Oesophagectomy (surgical removal of the oesophagus) is the most radical treatment option for early-stage oesophageal cancer. However, it is a major operation, with the potential for mortality and serious morbidity. Some patients may be reluctant to accept oesophagectomy and others may be unfit for the treatment. Selection criteria for this procedure are not well defined. Less invasive treatments include laser ablation, radiation therapy and chemotherapy.’
Oesophageal Patients Association	**2 – Indications**	4	For those unable or reluctant to have surgery for a resectable oesophageal tumour the latter may find it helpful to meet a former patient who has had the operation and recovered (trained Oesophageal Patients Association member). The advances being made in surgical techniques should also be indicated, such as minimally invasive oesophagectomy. The former patients must be made aware of the advances being made in chemotherapy and chemotherapy/radiotherapy as well as the current evidence about the efficacy of PDT which does look encouraging for early oesophageal cancer.	Thank you, your comment has been noted, but this is outside the remit of interventional procedures guidance. Other surgical options are described, although it is not the purpose of the IP programme to consider effectiveness of this compared with other treatments.

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Individual respondent – patient	**2.3 – Efficacy**	5	The only mention made of any potential drawbacks that will concern the patient are the potentially limited efficacy together with the list of possible complications. This latter should be explained in comparison with other applicable procedures in order that the patient may more fully understand both the options for treatment and the risks associated with each one.	The guidance is intended to describe only the safety and efficacy of the procedure and is not intended to be a clinical guideline on the condition.
Individual respondent – patient	**2.3 – Efficacy**	6	Patients (once the initial diagnosis has sunk in) are interested only in life continuation after the procedure, moving to quality of life once the procedure has been performed. There is no mention of either of these issues.	Survival data is provided in section 2.3.3.
Individual respondent – patient	**2.4 – Safety**	7	There is no mention of the safety of the procedure in the document apart from a brief (and vague) reference in 2.3.4 which hints at a low safety level in comparison to (what?)	An uncommonly thorough list of potential complications is provided in section 2.4.4.