

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Interventional Procedures Programme

Specialist Adviser questionnaire

Before completing this questionnaire, please read [Conflicts of Interest for Specialist Advisers](#). Certain conflicts exclude you from offering advice, however, please return the questionnaire to us incomplete for our records.

Please respond in the boxes provided.

Please complete and return to: Sally.Jones@nice.or.uk or
Hawra.Abugulal@nice.org.uk

Procedure Name: Extracorporeal carbon dioxide removal for acute hypercapnic respiratory failure (IP408/3)

Name of Specialist Advisor: Mr Mark Griffiths

Specialist Society: Intensive Care Society

1 Do you have adequate knowledge of this procedure to provide advice?

- Yes.
- No – please return the form/answer no more questions.

1.1 Does the title used above describe the procedure adequately?

- Yes.
- No. If no, please enter any other titles below.

Comments:

I would not specify **hypercapnic** ARF; for example ECCOR is being tested in patients with ARF (regardless of PaCO₂) as a means of preventing ventilator associated lung injury

2 Your involvement in the procedure

2.1 Is this procedure relevant to your specialty?

- Yes.

- Is there any kind of inter-specialty controversy over the procedure?
- No. If no, then answer no more questions, but please give any information you can about who is likely to be doing the procedure.

Comments:

In the future ECCOR may be provided as respiratory dialysis outside ICU – as such it would fall under the auspices of respiratory physicians

The next 2 questions are about whether you carry out the procedure, or refer patients for it. If you are in a specialty that normally carries out the procedure please answer question 2.2.1. If you are in a specialty that normally selects or refers patients for the procedure, please answer question 2.2.2.

2.2.1 If you are in a specialty that does this procedure, please indicate your experience with it:

- I have never done this procedure.
- I have done this procedure at least once.
- I do this procedure regularly.

Comments:

2.2.2 If your specialty is involved in patient selection or referral to another specialty for this procedure, please indicate your experience with it.

- I have never taken part in the selection or referral of a patient for this procedure.
- I have taken part in patient selection or referred a patient for this procedure at least once.
- I take part in patient selection or refer patients for this procedure regularly.

Comments:

2.3 Please indicate your research experience relating to this procedure (please choose one or more if relevant):

- I have done bibliographic research on this procedure.
- I have done research on this procedure in laboratory settings (e.g. device-related research).

- I have done clinical research on this procedure involving patients or healthy volunteers.
- I have had no involvement in research on this procedure.
- Other (please comment)

Comments:

Basic science and I am a co-applicant for the REST study

3 Status of the procedure

3.1 Which of the following best describes the procedure (choose one):

- Established practice and no longer new.
- A minor variation on an existing procedure, which is unlikely to alter the procedure's safety and efficacy.
- Definitely novel and of uncertain safety and efficacy.
- The first in a new class of procedure.

Comments:

3.2 What would be the comparator (standard practice) to this procedure?

No extra-corporeal device or ECMO

3.3 Please estimate the proportion of doctors in your specialty who are doing this procedure (choose one):

- More than 50% of specialists engaged in this area of work.
- 10% to 50% of specialists engaged in this area of work.
- Fewer than 10% of specialists engaged in this area of work.
- Cannot give an estimate.

Comments:

4 Safety and efficacy

4.1 What is the potential harm of the procedure?

Please list adverse events and major risks (even if uncommon) and, if possible, estimate their incidence, as follows:

1. Adverse events reported in the literature (if possible please cite literature)
Injury on line insertion, bleeding, cerebral oedema (mismanagement of CO2 removal)
2. Anecdotal adverse events (known from experience)
3. Theoretical adverse events

4.2 What are the key efficacy outcomes for this procedure?

Lowering CO2 in blood

4.3 Are there uncertainties or concerns about the *efficacy* of this procedure? If so, what are they?

no

4.4 What training and facilities are needed to do this procedure safely?

They are extensive – training required for line insertion, device set-up and management

4.5 Are there any major trials or registries of this procedure currently in progress? If so, please list.

REST (HTA funded) and a European equivalent – ECCOR in acute hypoxaemic RF

4.6 Are you aware of any abstracts that have been *recently* presented/ published on this procedure that may not be listed in a standard literature search, for example PUBMED? (This can include your own work). If yes, please list.

Please note that NICE will do a literature search: we are only asking you for any very recent or potentially obscure abstracts and papers. Please do not feel the need to supply a comprehensive reference list (but you may list any that you think are particularly important if you wish).

no

4.7 Is there controversy, or important uncertainty, about any aspect of the way in which this procedure is currently being done or disseminated?

There are multiple new veno-venous pumped devices available

5 Audit Criteria

Please suggest a minimum dataset of criteria by which this procedure could be audited.

5.1 Outcome measures of benefit (including commonly used clinical outcomes, both short and long - term; and quality-of-life measures):

Mortality, QOL, ventilator free days, cost analysis

5.2 Adverse outcomes (including potential early and late complications):

Bleeding

6 Trajectory of the procedure

6.1 In your opinion, how quickly do you think use of this procedure will spread?

Rapidly

6.2 This procedure, if safe and efficacious, is likely to be carried out in (choose one):

- Most or all district general hospitals.
- A minority of hospitals, but at least 10 in the UK.
- Fewer than 10 specialist centres in the UK.
- Cannot predict at present.

Comments:

Most big hospitals with fully functional ICUs

6.3 The potential impact of this procedure on the NHS, in terms of numbers of patients eligible for treatment and use of resources, is:

- Major.
- Moderate.
- Minor.

Comments:

Mod/minor could partially replace acute NIV for ARF and will cost more

7 Other information

7.1 Is there any other information about this procedure that might assist NICE in assessing the possible need to investigate its use?

8 Data protection and conflicts of interest

8. Data protection, freedom of information and conflicts of interest

8.1 Data Protection

The information you submit on this form will be retained and used by the NICE and its advisers for the purpose of developing its guidance and may be passed to other approved third parties. Your name and specialist society will be published in NICE publications and on the NICE website. The specialist advice questionnaire will be published in accordance with our guidance development processes and a copy will be sent to the nominating Specialist Society. Please avoid identifying any individual in your comments.

I have read and understood this statement and accept that personal information sent to us will be retained and used for the purposes and in the manner specified above and in accordance with the Data Protection Act 1998.

8.2 Declarations of interest by Specialist Advisers advising the NICE Interventional Procedures Advisory Committee

Nothing in your submission shall restrict any disclosure of information by NICE that is required by law (including in particular, but without limitation, the Freedom of Information Act 2000).

Please submit a conflicts of interest declaration form listing any potential conflicts of interest including any involvement you may have in disputes or complaints relating to this procedure.

Please use the “Conflicts of Interest for Specialist Advisers” policy as a guide when declaring any conflicts of interest. Specialist Advisers should seek advice if needed from the Associate Director – Interventional Procedures.

Do you or a member of your family¹ have a **personal pecuniary** interest? The main examples are as follows:

Consultancies or directorships attracting regular or occasional payments in cash or kind **YES**
 NO

¹ ‘Family members’ refers to a spouse or partner living in the same residence as the member or employee, children for whom the member or employee is legally responsible, and adults for whom the member or employee is legally responsible (for example, an adult whose full power of attorney is held by the individual).

Fee-paid work – any work commissioned by the healthcare industry – **this includes income earned in the course of private practice** YES

NO

Shareholdings – any shareholding, or other beneficial interest, in shares of the healthcare industry YES

NO

Expenses and hospitality – any expenses provided by a healthcare industry company beyond those reasonably required for accommodation, meals and travel to attend meetings and conferences YES

NO

Investments – any funds that include investments in the healthcare industry YES

NO

Do you have a **personal non-pecuniary** interest – for example have you made a public statement about the topic or do you hold an office in a professional organisation or advocacy group with a direct interest in the topic? YES

NO

Do you have a **non-personal** interest? The main examples are as follows:

Fellowships endowed by the healthcare industry YES

NO

Support by the healthcare industry or NICE that benefits his/her position or department, eg grants, sponsorship of posts YES

NO

If you have answered YES to any of the above statements, please describe the nature of the conflict(s) below.

Comments:

Thank you very much for your help.

**Dr Tom Clutton-Brock, Interventional
Procedures Advisory Committee Chair**

**Professor Carole Longson, Director,
Centre for Health Technology
Evaluation.**

Jan 2016

Conflicts of Interest for Specialist Advisers

1 Declarations of interest by Specialist Advisers advising the NICE Interventional Procedures Advisory Committee

- 1.1 Any conflicts of interest set out below should be declared on the questionnaire the Specialist Adviser completes for the procedure.
- 1.2 Specialist Advisers should seek advice if required from the Associate Director – Interventional Procedures.

2 Personal pecuniary interests

- 2.1 A personal pecuniary interest involves a current personal payment to a Specialist Adviser, which may either relate to the manufacturer or owner of a product or service being evaluated, in which case it is regarded as ‘**specific**’ or to the industry or sector from which the product or service comes, in which case it is regarded as ‘**non-specific**’. The main examples are as follows.
 - 2.1.1 **Consultancies** – any consultancy, directorship, position in or work for the healthcare industry that attracts regular or occasional payments in cash or kind (this includes both those which have been undertaken in the 12 months preceding the point at which the declaration is made and which are planned but have not taken place).
 - 2.1.2 **Fee-paid work** – any work commissioned by the healthcare industry for which the member is paid in cash or in kind (this includes both those which have been undertaken in the 12 months preceding the point at which the declaration is made and which are planned but have not taken place).
 - 2.1.3 **Shareholdings** – any shareholding, or other beneficial interest, in shares of the healthcare industry that are either held by the individual or for which the individual has legal responsibility (for example, children, or relatives whose full Power of Attorney is held by the individual). This does not include shareholdings through unit trusts, pensions funds, or other similar arrangements where the member has no influence on financial management.
 - 2.1.4 **Expenses and hospitality** – any expenses provided by a healthcare industry company beyond that reasonably required for accommodation, meals and travel to attend meetings and conferences (this includes both those which have been undertaken in the 12 months preceding the point at which the declaration is made and which are planned but have not taken place).
 - 2.1.5 **Investments** – any funds which include investments in the healthcare industry that are held in a portfolio over which individuals have the ability to instruct the fund manager as to the composition of the fund.
- 2.2 No personal interest exists in the case of:
 - 2.2.1 assets over which individuals have no financial control (for example, wide portfolio unit trusts and occupational pension funds) and where the fund manager has full discretion as to its composition (for example, the Universities Superannuation Scheme)
 - 2.2.2 accrued pension rights from earlier employment in the healthcare industry.

3 **Personal family interest**

- 3.1 This relates to the personal interests of a family member and involves a **current payment** to the family member of the Specialist Adviser. The interest may relate to the manufacturer or owner of a product or service being evaluated, in which case it is regarded as '**specific**', or to the industry or sector from which the product or service comes, in which case it is regarded as '**non-specific**'. The main examples include the following.
- 3.1.1 Any consultancy, directorship, position in or work for a healthcare industry that attracts regular or occasional payments in cash or in kind.
- 3.1.2 Any fee-paid work commissioned by a healthcare industry for which the member is paid in cash or in kind.
- 3.1.3 Any shareholdings, or other beneficial interests, in a healthcare industry which are either held by the family member or for which an individual covered by this Code has legal responsibility (for example, children, or adults whose full Power of Attorney is held by the individual).
- 3.1.4 Expenses and hospitality provided by a healthcare industry company (except where they are provided to a general class of people such as attendees at an open conference)
- 3.1.5 Funds which include investments in the healthcare industry that are held in a portfolio over which individuals have the ability to instruct the fund manager as to the composition of the fund.
- 3.2 No personal family interest exists in the case of:
- 3.2.1 assets over which individuals have no financial control (for example, wide portfolio unit trusts and occupational pension funds) and where the fund manager has full discretion as to its composition (for example, the Universities Superannuation Scheme)
- 3.2.2 accrued pension rights from earlier employment in the healthcare industry.

4 **Personal non-pecuniary interests**

These might include, but are not limited to:

- 4.1 a clear opinion, reached as the conclusion of a research project, about the clinical and/or cost effectiveness of an intervention under review
- 4.2 a public statement in which an individual covered by this Code has expressed a clear opinion about the matter under consideration, which could reasonably be interpreted as prejudicial to an objective interpretation of the evidence
- 4.3 holding office in a professional organisation or advocacy group with a direct interest in the matter under consideration
- 4.4 other reputational risks in relation to an intervention under review.

5 **Non-personal interests**

- 5.1 A non-personal interest involves payment that benefits a department or organisation for which a Specialist Advisor is responsible, but that is not received by the Specialist Advisor personally. This may either relate to the product or service being evaluated, in which case it is regarded as '**specific**,' or to the manufacturer or owner of the product or service, but is unrelated to the matter under consideration, in which case it is regarded as '**non-specific**'. The main examples are as follows.

5.1.1 **Fellowships** – the holding of a fellowship endowed by the healthcare industry.

5.1.2 **Support by the healthcare industry or NICE** – any payment, or other support by the healthcare industry or by NICE that does not convey any pecuniary or material benefit to a member personally but that does benefit his/her position or department. For example:

- a grant from a company for the running of a unit or department for which a Specialist Advisor is responsible
- a grant, fellowship or other payment to sponsor a post or member of staff in the unit for which a Specialist Advisor is responsible. This does not include financial assistance for students
- the commissioning of research or other work by, or advice from, staff who work in a unit for which the specialist advisor is responsible
- one or more contracts with, or grants from, NICE.

5.2 Specialist Advisers are under no obligation to seek out knowledge of work done for, or on behalf of, the healthcare industry within departments for which they are responsible if they would not normally expect to be informed.

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Interventional Procedures Programme

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Please respond in the boxes provided.

Please complete and return to: Sally.Jones@nice.or.uk or
Hawra.Abugulal@nice.org.uk

Procedure Name: Extracorporeal carbon dioxide removal for acute hypercapnic respiratory failure (IP408/3)

Name of Specialist Advisor: Ms Bronwen Connolly

Specialist Society: Intensive Care Society

1 Do you have adequate knowledge of this procedure to provide advice?

Yes.

No – please return the form/answer no more questions.

1.1 Does the title used above describe the procedure adequately?

Yes.

No. If no, please enter any other titles below.

Comments:

The current title is adequate, but other alternatives for 'Acute hypercapnic respiratory failure' that are reported in the literature include 'Acute respiratory distress syndrome', 'Severe respiratory failure' and 'Acute respiratory failure' to relate to different clinical populations in which this treatment may be applied.

2 Your involvement in the procedure

2.1 Is this procedure relevant to your specialty?

Yes.

- Is there any kind of inter-specialty controversy over the procedure?
- No. If no, then answer no more questions, but please give any information you can about who is likely to be doing the procedure.

Comments:

The next 2 questions are about whether you carry out the procedure, or refer patients for it. If you are in a specialty that normally carries out the procedure please answer question 2.2.1. If you are in a specialty that normally selects or refers patients for the procedure, please answer question 2.2.2.

2.2.1 If you are in a specialty that does this procedure, please indicate your experience with it:

- I have never done this procedure.
- I have done this procedure at least once.
- I do this procedure regularly.

Comments:

This treatment would typically be commenced by Intensive/Critical Care Consultants.

2.2.2 If your specialty is involved in patient selection or referral to another specialty for this procedure, please indicate your experience with it.

- I have never taken part in the selection or referral of a patient for this procedure.
- I have taken part in patient selection or referred a patient for this procedure at least once.
- I take part in patient selection or refer patients for this procedure regularly.

Comments:

2.3 Please indicate your research experience relating to this procedure (please choose one or more if relevant):

- I have done bibliographic research on this procedure.
- I have done research on this procedure in laboratory settings (e.g. device-related research).
- I have done clinical research on this procedure involving patients or healthy volunteers.

I have had no involvement in research on this procedure.

Other (please comment)

Comments:

3 Status of the procedure

3.1 Which of the following best describes the procedure (choose one):

Established practice and no longer new.

A minor variation on an existing procedure, which is unlikely to alter the procedure's safety and efficacy.

Definitely novel and of uncertain safety and efficacy.

The first in a new class of procedure.

Comments:

This is an emerging technology with limited high-quality evidence at present.

3.2 What would be the comparator (standard practice) to this procedure?

Non-invasive ventilation; lung protective ventilation strategies e.g. low tidal volume ventilation in intubated patients

3.3 Please estimate the proportion of doctors in your specialty who are doing this procedure (choose one):

More than 50% of specialists engaged in this area of work.

10% to 50% of specialists engaged in this area of work.

Fewer than 10% of specialists engaged in this area of work.

Cannot give an estimate.

Comments:

4 Safety and efficacy

4.1 What is the potential harm of the procedure?

Please list adverse events and major risks (even if uncommon) and, if possible, estimate their incidence, as follows:

1. Adverse events reported in the literature (if possible please cite literature)

Lower limb ischaemia, compartment syndrome, lower limb amputation, bleeding during cannulation, haemolysis, intracerebral haemorrhage, allergic reaction, aneurysm

(Fitzgerald *et al*, Critical Care, 2014, 18, 222; in ARDS patient studies)

2. Anecdotal adverse events (known from experience)

Unable to comment

3. Theoretical adverse events

As above

4.2 What are the key efficacy outcomes for this procedure?

Mortality, ventilator-free days, duration ICU length of stay, intubation avoidance

4.3 Are there uncertainties or concerns about the efficacy of this procedure? If so, what are they?

Target patient population (illness acuity), associated clinical effects, cost-effectiveness

4.4 What training and facilities are needed to do this procedure safely?

Senior Respiratory/Critical Care Consultants with expertise and experience in implementation; specialist nursing staff; ideally conducted in a critical care unit with expertise in the management of severe respiratory failure

4.5 Are there any major trials or registries of this procedure currently in progress? If so, please list.

<https://clinicaltrials.gov/ct2/results?term=extracorporeal+carbon+dioxide+removal&Search=Search>

4.6 Are you aware of any abstracts that have been *recently* presented/published on this procedure that may not be listed in a standard literature search, for example PUBMED? (This can include your own work). If yes, please list.

Please note that NICE will do a literature search: we are only asking you for any very recent or potentially obscure abstracts and papers. Please do not feel the need to supply a comprehensive reference list (but you may list any that you think are particularly important if you wish).

None known

4.7 Is there controversy, or important uncertainty, about any aspect of the way in which this procedure is currently being done or disseminated?

Variability in practical application, technology, target population for benefit, selection of outcome measure for evaluation of efficacy, timing of delivery

5 Audit Criteria

Please suggest a minimum dataset of criteria by which this procedure could be audited.

5.1 Outcome measures of benefit (including commonly used clinical outcomes, both short and long - term; and quality-of-life measures):

Mortality, respiratory parameters, duration of ICU length of stay, ventilator-free days, intubation avoidance,

5.2 Adverse outcomes (including potential early and late complications):

Lower limb ischaemia and related clinical presentations, bleeding during cannulation, haemolysis, intracerebral haemorrhage, allergic reaction, aneurysm

6 Trajectory of the procedure

6.1 In your opinion, how quickly do you think use of this procedure will spread?

There is potential for further use of this procedure as technologies become more widely available, however this will be limited by availability of centre and personnel with adequate expertise to manage these patients.

6.2 This procedure, if safe and efficacious, is likely to be carried out in (choose one):

- Most or all district general hospitals.
- A minority of hospitals, but at least 10 in the UK.
- Fewer than 10 specialist centres in the UK.
- Cannot predict at present.

Comments:

This may be an underestimate but unable to be more certain

6.3 The potential impact of this procedure on the NHS, in terms of numbers of patients eligible for treatment and use of resources, is:

- Major.

Moderate.

Minor.

Comments:

7 Other information

7.1 Is there any other information about this procedure that might assist NICE in assessing the possible need to investigate its use?

8 Data protection and conflicts of interest

8. Data protection, freedom of information and conflicts of interest

8.1 Data Protection

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Do you or a member of your family¹ have a **personal pecuniary** interest? The main examples are as follows:

Consultancies or directorships attracting regular or occasional payments in cash or kind YES
x NO

Fee-paid work – any work commissioned by the healthcare industry – **this includes income earned in the course of private practice** YES
x NO

Shareholdings – any shareholding, or other beneficial interest, in shares of the healthcare industry YES
x NO

Expenses and hospitality – any expenses provided by a healthcare industry company beyond those reasonably required for accommodation, meals and travel to attend meetings and conferences YES
x NO

Investments – any funds that include investments in the healthcare industry YES
x NO

Do you have a **personal non-pecuniary** interest – for example have you made a public statement about the topic or do you hold an office in a professional organisation or advocacy group with a direct interest in the topic? YES
x NO

Do you have a **non-personal** interest? The main examples are as follows:

Fellowships endowed by the healthcare industry YES
x NO

Support by the healthcare industry or NICE that benefits his/her position or department, eg grants, sponsorship of posts YES
x NO

If you have answered YES to any of the above statements, please describe the nature of the conflict(s) below.

Comments:

Thank you very much for your help.

Dr Tom Clutton-Brock, Interventional Procedures Advisory Committee Chair

Professor Carole Longson, Director, Centre for Health Technology Evaluation.

Jan 2016

¹ 'Family members' refers to a spouse or partner living in the same residence as the member or employee, children for whom the member or employee is legally responsible, and adults for whom the member or employee is legally responsible (for example, an adult whose full power of attorney is held by the individual).

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 - 2.2.1 assets over which individuals have no financial control (for example, wide portfolio unit trusts and occupational pension funds) and where the fund manager has full discretion as to its composition (for example, the Universities Superannuation Scheme)
 - 2.2.2 accrued pension rights from earlier employment in the healthcare industry.

3 **Personal family interest**

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- 3.1.1 Any consultancy, directorship, position in or work for a healthcare industry that attracts regular or occasional payments in cash or in kind.
- 3.1.2 Any fee-paid work commissioned by a healthcare industry for which the member is paid in cash or in kind.
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4 **Personal non-pecuniary interests**

These might include, but are not limited to:

- 4.1 a clear opinion, reached as the conclusion of a research project, about the clinical and/or cost effectiveness of an intervention under review
- 4.2 a public statement in which an individual covered by this Code has expressed a clear opinion about the matter under consideration, which could reasonably be interpreted as prejudicial to an objective interpretation of the evidence
- 4.3 holding office in a professional organisation or advocacy group with a direct interest in the matter under consideration
- 4.4 other reputational risks in relation to an intervention under review.

5 **Non-personal interests**

- 5.1 A non-personal interest involves payment that benefits a department or organisation for which a Specialist Advisor is responsible, but that is not received by the Specialist Advisor personally. This may either relate to the product or service being evaluated, in which case it is regarded as '**specific**,' or to the manufacturer or owner of the product or service, but is unrelated to the matter under consideration, in which case it is regarded as '**non-specific**'. The main examples are as follows.

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5.1.2 **Support by the healthcare industry or NICE** – any payment, or other support by the healthcare industry or by NICE that does not convey any pecuniary or material benefit to a member personally but that does benefit his/her position or department. For example:

- a grant from a company for the running of a unit or department for which a Specialist Advisor is responsible
- a grant, fellowship or other payment to sponsor a post or member of staff in the unit for which a Specialist Advisor is responsible. This does not include financial assistance for students
- the commissioning of research or other work by, or advice from, staff who work in a unit for which the specialist advisor is responsible
- one or more contracts with, or grants from, NICE.

5.2 Specialist Advisers are under no obligation to seek out knowledge of work done for, or on behalf of, the healthcare industry within departments for which they are responsible if they would not normally expect to be informed.