National Institute for Health and Care Excellence

IP1523 / Microinvasive subconjunctival insertion of a trans-scleral gelatin stent for primary open-angle glaucoma

IPAC date: 8 February 2018

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
1	Consultee 1 NHS Professional	**1**	With regards to the Xen gel stent: 1. Our unit has performed over 200 of these procedures and we do not therefore consider this to be a research tool as we have enough experience to be able to give good indication of outcomes. We now have 2 years follow-up and complication rates are low and outcomes very good with average IOP at 2 years of 13.8mmHg, number of glaucoma meds reduced from 2.7 pre-op to 0.32 at 2 years. There have been no sight threatening complications. 2. Some of your expert witnesses have either never inserted this stent or have only just started and so are on the learning curve. It would seem unwise to take advice from people with such little experience? If this were to be restricted to a research tool it would deny its use in many patients who would benefit from the procedure.	Thank you for your comments. IPAC only considers efficacy data from peer-reviewed publications. Safety data from any source is considered and the committee notes your experience of no sight threatening complications. NICE IPAC seeks advice of at least 2 advisers who are nominated or ratified by their professional organisations to complement findings from published evidence. IPAC also seeks advice from those who have and have not done the procedure. Please see section 6.7 in the interventional procedures programme manual for further information. **https://www.nice.org.uk/process/pmg28/chapter/teams-involved-in-developing-interventional-procedures-guidance#specialist-advisers** In this instance, advice was sought from 5 specialists of which 3 have and 2 have not done the procedure. IPAC has previously reconsidered the draft recommendations in the light of new published evidence identified in the post-consultation literature search and changed the recommendations from 'research' to 'special arrangements'. 3 recent publications (Mansouri 2017, Hengerer 2017 and Tan

				2017) notified by the manufacturer also have been added to table 2 in the overview of evidence. In the light of this new evidence, the Committee has slightly amended the wording in 1.1 but decided not to change the guidance. 1.1 in the guidance states that '*Evidence on the safety and efficacy of microinvasive subconjunctival insertion of a trans-scleral gelatin stent for primary open-angle glaucoma is limited in quantity and quality. Therefore, this procedure should only be used with special arrangements for clinical governance, consent, and audit or research'.*
2	Consultee 2 NHS Professional	**General**	1. As most Specialist advisors have mentioned, there is a likelihood of being offered in all DGHs with glaucoma specialists, as this could be a procedure for earlier intervention than trabeculectomy or Baeveldt tube. However, there needs to be an acknowledgement of the fact that clinical coding treats MIGS as a complex procedure,(code C605) while it is not a treatment for complex glaucomas (specialist commissioning document Service Specification Glaucoma, Specialised Ophthalmology (page 7): "Surgical treatment for complex glaucoma is specialised. This will include all treatment modalities for complex glaucoma (e.g. multiple previous failed drainage surgery, patients at high risk of surgical failure, very shallow anterior chambers, nanophthalmos and buphthalmos"). 2.Although there is a section about anecdotal and theoretical side effects, there is no mention of advantages (?anecdotal) over trabeculectomy or other surgeries currently available, in terms of shorter operating time, quicker postoperative recovery and fewer	Thank you for your comments. IPAC assesses efficacy and safety and does not make recommendations about commissioning of procedures. While our guidance does identify theoretical and anecdotal safety events, efficacy outcomes are limited to those in the peer-reviewed published literature. This guidance covers the use of this procedure for the indication of primary open angle glaucoma. In the studies in the overview which included multiple types of glaucoma, the majority of included cases were primary open angle glaucoma cases (in the Schlenker 2017 case series, 57% of treated eyes had primary open angle glaucoma; in the Grover 2017 case series, 88% of treated eyes had primary open angle glaucoma; in the Gregorio 2017 case series 85% of treated eyes had primary open angle glaucoma). The committee were aware of the mixed populations in these studies (which were identified in Table 2 of the overview) when they discussed this guidance.

			postoperative visits required, possibly because the evidence for this still needs to be collected. 3. The indication mentioned is POAG but the largest study included here, included multiple types of glaucoma . This may mean a wider range of indications but may also have affected the outcomes and complications and need for further interventions like Baerveldt tube as mentioned at the end of results on Page 12.	
3	Company Allergan	**1.1**	NICE comment: *"Evidence on the safety and efficacy of microinvasive subconjunctival insertion of a trans-scleral gelatin stent for primary open-angle glaucoma is inadequate in quantity and quality. Therefore, this procedure should only be used with special arrangements for clinical governance, consent, and audit or research."* The statement that the evidence for this procedure is "inadequate in quantity and quality" is a subjective judgement and potentially misleading without reference to the standards of adequacy which NICE have considered appropriate for this review. Further evidence which challenges this conclusion is presented below. Even if NICE remain unconvinced by these data, we believe that the recommendation should be justified against NICE's requirements rather than in the form of an unqualified statement that is open to challenge. Since the review of the literature for IP1523, new evidence of the efficacy and safety of XEN45 Gel Implant, in a total of 274 eyes, has been published (see below) and Allergan believes that this evidence, added to existing studies, could help NICE justify the use of micro-invasive subconjunctival insertion of a	Thank you for your comment. The wording 'inadequate in quantity and quality' is the judgement of the committee, and is consistent with other guidance produced by the committee. New evidence published (listed in comment 5) was reviewed by IPAC and included in the overview. In the light of this new evidence, the Committee has slightly amended the wording in 1.1 but decided not to change the guidance. 1.1 in the guidance states that '*Evidence on the safety and efficacy of microinvasive subconjunctival insertion of a trans-scleral gelatin stent for primary open-angle glaucoma is limited in quantity and quality. Therefore, this procedure should only be used with special arrangements for clinical governance, consent, and audit or research'.*

			transcleral gelatin stent for primary open-angle glaucoma provided that standard arrangements are in place for clinical governance, consent and audit. These studies have been published in peer-reviewed journals and demonstrate, through to 12 months, that the XEN45 Gel Implant both as a standalone procedure or combined with cataract surgery has a favorable benefit/risk profile.	
4	Company Allergan	**Specialist advisers' opinions**	NICE comment: *"Specialist advice was sought from consultants who have been nominated or ratified by their Specialist Society or Royal College".* Allergan welcomes the feedback from consultants about XEN45 in the NICE process. As stated in the Interventional Procedures Programme Manual (PMG28), "The specialist advisers provide advice about interventional procedures that complements findings from published research". Experience from clinical practice does indeed enrich literature reviews. The manual even specifies that "Specialist advisers are not expected to do a literature search." With two of the experts reporting "never having done this procedure", it seems logical that the opinions and advices from the three other specialists are more relevant to the decision-making process and Allergan would welcome more clarity from NICE about the respective importance given to the advices from each of these specialists in its decision-making process.	Thank you for your comment. NICE IPAC seeks advice of at least 2 advisers who are nominated or ratified by their professional organisations to complement findings from published evidence. IPAC also seeks advice from those who have and have not done the procedure. Please see section 6.7 in the interventional procedures programme manual for further information. **https://www.nice.org.uk/process/pmg28/chapter/teams-involved-in-developing-interventional-procedures-guidance#specialist-advisers** In this instance, advice was sought from 5 specialists of which 3 have and 2 have not done the procedure. Detailed specialist adviser questionnaires have been published along with our draft consultation document and are available on the NICE website for reference.

5	Company Allergan		**References** 1. Mansouri et al. Prospective Evaluation of Standalone XEN Gel Implant And Combined Phacoemulsification-XEN Gel Implant Surgery: 1-Year Results. J Glaucoma. 2017 Dec 21. doi: 10.1097/IJG.0000000000000858. [Epub ahead of print] https://www.ncbi.nlm.nih.gov/pubmed/29271806 2. Hengerer et al. Ab Interno Gel Implant for the Treatment of Glaucoma Patients With or Without Prior Glaucoma Surgery: 1-Year Results. J Glaucoma. 2017 Dec;26(12):1130-1136. doi: 10.1097/IJG.0000000000000803. https://www.ncbi.nlm.nih.gov/pubmed/29035911 3. Tan et al. One-year result of XEN45 implant for glaucoma: efficacy, safety, and postoperative management. Eye (Lond). 2017 Sep 1. doi: 10.1038/eye.2017.162. [Epub ahead of print] https://www.nature.com/articles/eye2017162	New evidence published and listed by the consultee has been included in the overview after review by IPAC.

"Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees."