

National Institute for Health and Care Excellence

IP1758/2 Intravascular lithotripsy for calcified coronary arteries during percutaneous coronary intervention

IPAC date: 14 November 2024

Com . no.	Consultee name and organisation	Sec. no.	Comments	Response
1.	Consultee 1 British Cardiovascular Intervention Society (BCIS)	Not specified	I am commenting on behalf of the British Cardiovascular Intervention Society. The Society supports the NICE recommendations on coronary IVL.	Thank you for your comment. No changes needed.
2.	Consultee 2 Shockwave Medical	2.4 The procedure	To be more accurate, 'along' should be changed to 'into', so this sentence would read: 'As the waves travel into the wall and the connective tissue,	Thank you for your comment. This has been amended in section 2.4 of the guidance and overview documents as suggested.
3.	Consultee 2 Shockwave Medical	3.6 Committee comments	The evidence shows that IVL does not result in distal embolisation. Therefore suggest changing this to: 'this procedure is not associated with increased risk of distal embolisation, in contrast to other procedures used to manage calcification.'	Thank you for your comment. This interventional procedure guidance assessed the safety and efficacy of interventional lithotripsy. The evidence overview includes 1 study that reported there were no cases of distal embolisation. This was a retrospective cohort study of 50 people having IVL (Wiens EJ et al. 2021). The study did not compare different procedures. Section 3.6 of the draft guidance states that the committee was informed that this procedure may result in less distal embolisation

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				than other procedures used to manage calcification. No changes needed.
4.	Consultee 2 Shockwave Medical	Not specified	To be more accurate, 'along' should be changed to 'into', so this sentence would read: 'As the waves travel into the wall and the connective tissue, <p>This would also align with the rest of this section.</p>	Thank you for your comment. Please see response to comment 2.
5.	Consultee 3 Southmead Hospital, North Bristol NHS Trust	Not specified	We have been using this technology at Southmead Hospital, North Bristol NHS Trust, since 2018. We are not a high volume centre and this equipment is extremely simple to use and does not need a long sequence of complicated steps to get it into the patient and functioning. We have had no complications in the 20-30 cases we have used it in. It has been effective in all the cases we have used it in. It is one of the safest and most effective pieces of equipment used in Interventional Cardiology. The same cannot be said for Rotational atherectomy which we do not use due to its complexity and risk of complications.	Thank you for your comment. No changes needed.
6.	Consultee 4 British Cardiovascular Society	Not specified	No comments but I agree with the recommendations	Thank you for your comment. No changes needed.

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