

National Institute for Health and Care Excellence

Medical technologies evaluation programme

MT217 The PLASMA system for transurethral resection and haemostasis of the prostate

Consultation comments table

Guidance update panel date: 22 October 2020

There were 10 consultation comments from 1 consultee:

The comments are reproduced in full

No	Consultee ID	Role	Section	Comments	NICE response
1	1	Company	1.1	Suggest change from "Clinical outcomes are the same as for monopolar" to "Clinical outcomes are comparable to"	Thank you for your comment. The section has been revised to: "Clinical outcomes are comparable with monopolar transurethral resection of the prostate (mTURP), but PLASMA avoids the risk of transurethral resection syndrome and reduces the need for blood transfusion and the length of hospital stay."
2	1	Company	3.20	Suggest change to "all-cause re-admissions"	Thank you for your comment. This change has been made.
3	1	Company	3.12	A third professional expert indicated that, in his opinion, bipolar should be seen as the 'gold standard' for electrosurgical TURP treatment. Will this be considered as part of any review of the LUTS?	Thank you for your comment. This consultation was only on the update of MTG23, so the comment is out of scope. The updated MTG will be available for consideration during any future review of CG97 Lower urinary tract symptoms in men: management.
4	1	Company	3.15	We did not advise that the use of a second (button) electrode for haemostasis is now relatively common. We agreed with the	Thank you for your comment. The section has been revised and now states: "Previously the model assumed that 22% of PLASMA resections also included using a

				previous assumption in the original guidance, taken from a clinical study, that 22% of cases require a second electrode	roller electrode for haemostasis. All 3 professional experts advised that using the button electrode for haemostasis (generator in coagulate mode) after loop resection is now relatively common."
5	1	Company	3.16	This section needs to have the 0.19 reduction in LOS added as per the original guidance. (Section 5.15) Suggested.... "The original base case for PLASMA is cost saving assuming a 0.19 day reduction in length of stay between PLASMA and mTurp in favour of PLASMA at sites with an existing Olympus system and cost incurring at other sites"	Thank you for your comment. This change has been made.
6	1	Company	3.16	Requires amending to "The Original Base Case for"	Thank you for your comment. This change has been made.
7	1	Company	3.16	This section need to have the 0.19 reduction in LOS added as per the original guidance. (Section 5.15) Suggested.... "For a 0.19 day reduction in length of stay between PLASMA and mTurp in favour of PLASMA at sites with an existing ..."	Thank you for your comment. This change has been made.
8	1	Company	3.17	65% of procedures needed a Add "were assumed to need..."	Thank you for your comment. This change has been made.
9	1	Company	3.18	65% of procedures required a "assumed to" requested amendment	Thank you for your comment. This change has been made.
10	1	Company	4.7	Whilst the use of PLASMA for TURP in the NHS has increased over the last 5 years, the figure of 110 hospitals indicates the use of PLASMA for all resection indications (eg. TURP, TURBT, hystero-resection). The number of hospitals using PLASMA for TURP is likely lower than this	Thank you for your comment. Section 4.6 has been revised and now states "The committee heard that use of the PLASMA system for resection of the prostate has increased in the NHS over the last 5 years, with the number of centres with the potential to offer this treatment rising from around 60 to over 110. The professional experts advised that the use of bipolar TURP is superseding mTURP. But, uptake across the UK is variable, and bipolar TURP is not yet established as standard care. The professional experts advised that mTURP is still used in people with small prostates when prolonged procedures are unlikely and when the incidence of TUR syndrome is likely to be low. The committee concluded that PLASMA and mTURP are both used in the NHS."

"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."