

**National Institute for Health and Care Excellence**

**Cancer of the upper aerodigestive tract  
Scope Consultation Table  
27 Sep – 25 Oct 13**

<b>Unique comment ID</b>	<b>Type</b>	<b>Stakeholder</b>	<b>Order No</b>	<b>Section No</b>	<b>Comments</b> Please insert each new comment in a new row.	<b>Developer's Response</b> Please respond to each comment
46	SH	Royal College of Nursing			This is to inform you that there are no comments to submit on behalf of the Royal College of Nursing to inform on the above consultation at this time.  Thank you for the opportunity to participate.	Thank you
47	SH	Department of Health			Thank you for the opportunity to comment on the draft scope for the above clinical guideline.  I wish to confirm that the Department of Health has no substantive comments to make, regarding this consultation.	Thank you
2	SH	The Royal College of Pathologists	2	3.1.b	Squamous cell cancers predominate but other less common <b>malignancies</b> can also occur.	We think that "cancer" would be the more widely recognised term and therefore have left the text as is.
3	SH	The Royal College of Pathologists	3	3.1.c	The statement "Incidence rates are higher in Scotland but similar in England, Wales and Northern Ireland" masks the large regional variation in incidence rates within England. For example, North-West England has incidence rates similar to Scotland. Such large regional variation in incidence within England should not be ignored since it reflects socioeconomic and health / lifestyle differences which need to be addressed.	The text in section 3.1 is intended to be a high level summary of the epidemiology of upper airways tract cancers. As such it is not appropriate to go into this level of detail. The regional variation will be covered in more detail in Chapter 1 of the guideline. Although we have added text to clarify that regional variation exist.
52	SH	Royal College of General Practitioners	1	3.1 g	The Centres for Disease Control and Prevention (CDC) recognises that some studies have shown HPV may be passed on during oral sex (from mouth-to-genital or mouth-to-anus contact)	Thank you for this information

**PLEASE NOTE: Comments received in the course of consultations carried out by the Institute 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 the Institute has received, and are not endorsed by the Institute, its officers or advisory committees.**

Unique comment ID	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					<p>whilst others have not. However, it is likely that condoms and dental dams, when used consistently and correctly, will lower the chances of giving or getting oral HPV during oral sex, since they serve as barriers, and can stop the transmission of HPV from person to person.</p> <p>HPV vaccines might also prevent upper airways tract cancers, since the vaccines prevent an initial infection with HPV types that can cause upper airways tract cancers, but studies have not yet been done to determine if HPV vaccines will prevent upper airways tract cancers. There is case for immunising boys as well as girls as part of the national vaccination programme against HPV</p>	
11	SH	The Association of Chartered Physiotherapists in Oncology and Palliative Care	1	3.2.1 4.3.1	Specific comments refer to absence of mentioning rehabilitation services other than dietetics. E.g. Speech and language therapy do not seem to be represented by a lack of reference to them or swallow in the draft.	We have amended the text of section 3.2a to refer to rehabilitation services more prominently.
12	SH	Yorkshire & Humber Strategic Clinical Network	1	3.2a	Registered title is 'speech and language therapists' are college happy for this document to use speech therapists?	We have changed the text to read "speech and language therapists"
27	SH	The Royal College of Speech and Language Therapists (RCSLT)	1	3.2a	Amend 'speech therapists' to 'speech and language therapists'	We have made this change
13	SH	Yorkshire & Humber Strategic Clinical Network	2	3.2d	Suggest insertion of 'primary' treatment of laryngeal etc etc	Laser therapy is used for both primary and recurrent disease and therefore it would not be appropriate to make the change you suggest.
28	SH	The Royal College of Speech and Language Therapists (RCSLT)	2	3.2d	Include reference to 'primary' treatment of laryngeal cancer	Laser therapy is used for both primary and recurrent disease and therefore it would not be appropriate to make the change you suggest.

**PLEASE NOTE: Comments received in the course of consultations carried out by the Institute 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 the Institute has received, and are not endorsed by the Institute, its officers or advisory committees.**

Unique comment ID	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
53	SH	Royal College of General Practitioners	2	3.2 g	PET is generally used for unknown primaries and to assess atypical nodal sites and assessing lung lesions for benign or malignancy. The problem is at present is poor access to PET	Thank you for this information. The guideline will explore the evidence base supporting the use of PET in upper airways tract cancers and make appropriate recommendations based on this evidence.
14	SH	Yorkshire & Humber Strategic Clinical Network	3	3.2h	Might also want to reference NCAT document,2010	The documents cited in section 3.2h are specific to head and neck cancer. The document you cite is more general and relevant to all cancers. Therefore we do not think it is appropriate to reference it here.
15	SH	Yorkshire & Humber Strategic Clinical Network	4	3.2h	"The Characteristics of an Effective Multidisciplinary Team (MDT)"	The documents cited in section 3.2h are specific to head and neck cancer. The document you cite is more general and relevant to all cancers. Therefore we do not think it is appropriate to reference it here.
29	SH	The Royal College of Speech and Language Therapists (RCSLT)	3	3.2h	Include 'The Characteristics of an Effective Multidisciplinary Team (MDT), National Cancer Action Team, 2010'	The documents cited in section 3.2h are specific to head and neck cancer. The document you cite is more general and relevant to all cancers. Therefore we do not think it is appropriate to reference it here.
16	SH	Yorkshire & Humber Strategic Clinical Network	5	3.2i	Would suggest rewording as not just oncologists but communication between central MDT and local clinics	Section 3.2i details the findings from the latest 'National peer review of UAT services in England'. As such we are not able to change the wording.
30	SH	The Royal College of Speech and Language Therapists (RCSLT)	4	3.2i	Amend to reflect effective communication required between not only oncologists in different MDTs but also communication between central MDT and local clinics and oncologists and the MDT	Section 3.2i details the findings from the latest 'National peer review of UAT services in England'. As such we are not able to change the wording.
31	SH	The Royal College	5	3.2i	The RCSLT would note that there is also evidence that there is a	Thank you for this information. Section

**PLEASE NOTE: Comments received in the course of consultations carried out by the Institute 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 the Institute has received, and are not endorsed by the Institute, its officers or advisory committees.**

Unique comment ID	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
		of Speech and Language Therapists (RCSLT)			lack of available speech and language therapists (Roe, J.W.G., Carding, P.N. Rhys-Evans, P.H., Bhide, S.A., Newbold, K.I., Harrington, K.J. & Nutting, C.M. (2012) Dysphagia management for head and neck cancer patients receiving radiotherapy in the United Kingdom – a web based survey Oral Oncology 48(4): 343-348)	3.2i details the findings from the latest 'National peer review of UAT services in England'. As such we are not able to change the wording.
17	SH	Yorkshire & Humber Strategic Clinical Network	6	4.1.2	Unsure why lip should be excluded. Is the rationale that they are skin? If so why e.g. are nose and pinna included	We have amended the scope to clarify that cancer of the cutaneous (sun-exposed) lip is excluded. This is because the majority of malignancies on the cutaneous lip result from sun damage and so are different to cancers of the upper airways tract. In addition the cutaneous lip is not considered part of the upper airways tract.
32	SH	The Royal College of Speech and Language Therapists (RCSLT)	6	4.1.2	Amend to include cancers of the lip	We have amended the scope to clarify that cancer of the cutaneous (sun-exposed) lip is excluded. This is because the majority of malignancies on the cutaneous lip result from sun damage and so are different to cancers of the upper airways tract. In addition the cutaneous lip is not considered part of the upper airways tract.
4	SH	The Royal College of Pathologists	4	4.1.2.d	Adults and young people (16 years and older) with cancer of the <b>sun-exposed / cutaneous</b> lip. Cancers of the labial mucosal / labial sulcus behave in a similar way to buccal mucosal cancers.	We have made this change.
48	SH	The Royal College of Radiologists	1	4.1.2.d	The RCR notes that lip has been explicitly excluded from the remit. We suggest that SCC of the EAM, pinna and skin of the face and neck should also be explicitly excluded for consistency, although would like it to be noted that SCC of the lip, EAM and pinna are in the very large part treated by Head and Neck surgeons and managed through the Upper	The remit of this guideline is cancers of the upper airways tract. Since the EAM, pinna and skin of the face and neck are not part of the upper airways tract, we do not believe we need to state that they are explicitly excluded.

**PLEASE NOTE: Comments received in the course of consultations carried out by the Institute 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 the Institute has received, and are not endorsed by the Institute, its officers or advisory committees.**

Unique comment ID	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					Airways Tract Multi-Disciplinary Team. It would be the RCR's suggestion that these regions are included in the scope.	
5	SH	The Royal College of Pathologists	5	4.1.2.g	Should lymphoma be specified as an exclusion in the way sarcoma is?	We have made this change.
18	SH	Yorkshire & Humber Strategic Clinical Network	7	4.2a	Think that private should also be included. Some new diagnosis come from private ENT/OMFS consultants and patients should be entitled to the same access to the MDT as those in NHS i.e. care pathway the same regardless of site of treatment.	The remit of NICE guidance does not extend outside NHS-funded care so we are unable to make this change.
33	SH	The Royal College of Speech and Language Therapists (RCSLT)	7	4.2a	The RCSLT would note that new diagnosis can come from private ENT/ OMFS consultants and patients should be entitled to the same access to the MDT as those in the NHS. The Care Pathway should remain the same regardless of the site of treatment	The remit of NICE guidance does not extend outside NHS-funded care so we are unable to make this change.
19	SH	Yorkshire & Humber Strategic Clinical Network	8	4.3.1a	Including late effects and survivorship	These issues would be encompassed by the phrase "after treatment" and will be considered by the Guideline Development Group when they finalise the review questions to be covered by the guideline.
34	SH	The Royal College of Speech and Language Therapists (RCSLT)	8	4.3.1a	Amend to include pre- treatment assessment, baseline swallowing assessment and communication assessment by SLTs	These issues would be encompassed by the phrase "at treatment planning and during and after treatment" and will be considered by the Guideline Development Group when they finalise the review questions to be covered by the guideline.
35	SH	The Royal College of Speech and Language Therapists (RCSLT)	9	4.3.1a	Amend to include issues of late effects and survivorship	These issues would be encompassed by the phrase "after treatment" and will be considered by the Guideline Development Group when they finalise the review questions to be covered by the guideline.
51	SH	Cancer	1	4.3.1.a	Is this intended to include signposting to or the role of voluntary	The NICE guideline on 'Patient

**PLEASE NOTE: Comments received in the course of consultations carried out by the Institute 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 the Institute has received, and are not endorsed by the Institute, its officers or advisory committees.**

Unique comment ID	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
		Laryngectomee Trust		& o	organisations? It may be worth explicitly noting somewhere in the scope about the place of charities so patients are made aware of them from diagnosis. Particularly bearing in mind disfiguring surgery and how treatment options can affect functions like speech and swallowing.	experience in adult NHS services (NICE clinical guideline 138)' makes recommendations on many of the issues you mention. This document has been referenced in section 5.1.3 of the scope.  Recommendations on support issues specific to upper airways tract cancers will be made if the evidence supports doing so.
54	SH	Royal College of General Practitioners	3	4.3.1 (b)	Ultrasound is the most effective investigative pathway. Will emerging immunohistological techniques be considered?	Thank you for this information. The guideline will explore the evidence base concerning investigative pathways for assessing undiagnosed neck lumps and make appropriate recommendations based on this evidence.
55	SH	Royal College of General Practitioners	4	4.3.1 (c)	This is MRI Neck followed by CT chest and PET	Thank you for this information. The guideline will explore the evidence base concerning investigative pathways for staging newly diagnosed and recurrent upper airways tract cancer and make appropriate recommendations based on this evidence.
6	SH	The Royal College of Pathologists	6	4.3.11	It would be more logical to mention HPV-associated cancers before melanoma (4.3.1k) since HPV-associated cancers are squamous cell cancers.	We have made this change
56	SH	Royal College of General Practitioners	5	4.3.1 (m)	Postop/post chemotherapy baseline studies at 3 months	Thank you for this information. The guideline will explore the evidence base for the optimum follow-up pathway for people with upper airways tract cancer and make appropriate recommendations based on this evidence.

**PLEASE NOTE: Comments received in the course of consultations carried out by the Institute 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 the Institute has received, and are not endorsed by the Institute, its officers or advisory committees.**

Unique comment ID	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
61	SH	British Dietetic Association	1	4.3.1 (m) which is also 4.5 (g)	this should include a rehabilitation follow up model and long term follow up for patients requiring long term artificial nutrition support (both oral and enteral)	We have added rehabilitation to 4.3.1o
20	SH	Yorkshire & Humber Strategic Clinical Network	9	4.3.1 o	Acute effects as well	We have broadened 4.3.1q to include both dietetic and speech and language support for acute treatment effects.
36	SH	The Royal College of Speech and Language Therapists (RCSLT)	10	4.3.1o	Amend to include acute effects	We have broadened 4.3.1q to include both dietetic and speech and language support for acute treatment effects.
21	SH	Yorkshire & Humber Strategic Clinical Network	10	4.3.1p	Include alcohol cessation as well as smoking	Smoking cessation was felt to be a higher priority for investigation than alcohol cessation.
37	SH	The Royal College of Speech and Language Therapists (RCSLT)	11	4.3.1p	Amend to include alcohol cessation	Smoking cessation was felt to be a higher priority for investigation than alcohol cessation.
22	SH	Yorkshire & Humber Strategic Clinical Network	11	4.3.1q	Suggest 'nutritional' support instead of dietetic to encompass other clinicians	We have made this change
38	SH	The Royal College of Speech and Language Therapists (RCSLT)	12	4.3.1q	Amend wording to reflect that a range of clinicians offer nutritional support along with dieticians	We have changed 'dietetic' to 'nutritional'.
39	SH	The Royal College of Speech and Language Therapists (RCSLT)	13	4.3.1q	Amend to include benefits of prophylactic rehabilitation for swallowing prior to radiotherapy	We have amended this key issue to include speech and language support for people having treatment for upper airways tract cancers.

**PLEASE NOTE: Comments received in the course of consultations carried out by the Institute 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 the Institute has received, and are not endorsed by the Institute, its officers or advisory committees.**

Unique comment ID	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
62	SH	British Dietetic Association	2	4.3.1 (q) which is also 4.5 (u)	This question needs to separate nutrition support into surgery, chemo +/- radiotherapy and palliative care	We consider that these are encompassed by the term "treatment" and do not need to be stated separately.
23	SH	Yorkshire & Humber Strategic Clinical Network	12	4.4	Function needs to be addressed in this section not just survival. It may be inherent in one of these sections but need to look at tube dependency and swallowing/communication status	Section 4.4 identifies the main outcomes of interest, but they are draft and not intended to be exhaustive. The outcomes you cite would be encompassed by 'health-related quality of life' and 'treatment related morbidity'. The GDG will prioritise outcomes for each clinical question during their first few meetings.
40	SH	The Royal College of Speech and Language Therapists (RCSLT)	14	4.4	Amend to make tube dependency and swallowing/communication status explicit outcomes rather than presumably subsumed within 'health-related quality of life' or another outcome.	Section 4.4 identifies the main outcomes of interest, but they are draft and not intended to be exhaustive. The outcomes you cite would be encompassed by 'health-related quality of life' and 'treatment related morbidity'. The GDG will prioritise outcomes for each clinical question during their first few meetings.
64	SH	British Dietetic Association	4	4.5	Should the scoping document ask the question about the role of the enhanced recovery programme (ERAS) in surgical management of Head and Neck cancer patients.	Because enhanced recovery programmes in the surgical management of head and neck cancer patients are not in widespread use and there is little published evidence in this area, other topics were considered of higher priority for inclusion in the guideline.
41	SH	The Royal College of Speech and Language	15	4.5a	Amend to reflect that support needs are not just post-treatment but also incorporate survivorship and long-term needs	These issues would be encompassed by the phrase 'post treatment' and will be considered by the Guideline

**PLEASE NOTE: Comments received in the course of consultations carried out by the Institute 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 the Institute has received, and are not endorsed by the Institute, its officers or advisory committees.**



Unique comment ID	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
		Therapists (RCSLT)				Development Group when they finalise the review questions to be covered by the guideline.
7	SH	The Royal College of Pathologists	7	4.5 b	Fine-needle aspiration cytology rather than "cytology".  Add in ultrasound-guided fine-needle aspiration cytology (USG-FNAC).	We have made this change.  USG-FNAC would be encompassed under the term FNAC. The investigations listed in this review question are draft and will be finalised by the GDG during their first few meetings.
8	SH	The Royal College of Pathologists	8	4.5c	Add in USG-FNAC.	USG-FNAC would be encompassed under the term FNAC. The investigations listed in this review question are draft and will be finalised by the GDG during their first few meetings.
9	SH	The Royal College of Pathologists	9	4.5e	Add in USG-FNAC.	USG-FNAC would be encompassed under the term FNAC. The investigations listed in this review question are draft and will be finalised by the GDG during their first few meetings.
57	SH	Royal College of General Practitioners	6	4.5 (e)	This is PET	Thank you for this information. The guideline will explore the evidence base concerning investigative pathways for staging unknown primary cancers of presumed upper airways tract origin and make appropriate recommendations based on this evidence.
42	SH	The Royal College of Speech and Language	16	4.5f-l	Amend to clarify what is meant by 'most effective treatment' for these groups – making explicit that quality of life and changes to function are incorporated	Relative effectiveness will be determined by comparing treatments according to outcomes chosen by the

**PLEASE NOTE: Comments received in the course of consultations carried out by the Institute 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 the Institute has received, and are not endorsed by the Institute, its officers or advisory committees.**

Unique comment ID	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
		Therapists (RCSLT)				Guideline Development Group from the list in section 4.4, but health related quality of life is typically included as a key outcome. The Guideline Development Group will usually prioritise certain outcomes over others when recommending the most effective treatment – but a rationale will be given for these decisions in the published guideline.
58	SH	Royal College of General Practitioners	7	4.5 (n)	Oropharyngeal cancer	Thank you for this information. The guideline will explore the evidence base concerning the indications for HPV testing and make appropriate recommendations based on this evidence.
59	SH	Royal College of General Practitioners	8	4.5 (o)	P16 testing in histology	Thank you for this information. The guideline will explore the evidence base concerning HPV testing strategies and make appropriate recommendations based on this evidence.
60	SH	Royal College of General Practitioners	9	4.5 (q)	MR baseline 3 month, 6 months and 1 year	Thank you for this information. The guideline will explore the evidence base concerning the optimal protocol for follow-up for people who have received treatment with curative intent for upper airways tract cancer and make appropriate recommendations based on this evidence.
43	SH	The Royal College of Speech and Language Therapists (RCSLT)	17	4.5q	Amend to consider the question of whether the optimum follow up activity is confined to medical care. AHPs often see patients well beyond treatment and there are pockets of practice where nurses and AHPs are leading the follow up	These issues would be encompassed by the phrase “optimal methods” and will be considered by the Guideline Development Group when they finalise the review questions to be covered by

**PLEASE NOTE: Comments received in the course of consultations carried out by the Institute 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 the Institute has received, and are not endorsed by the Institute, its officers or advisory committees.**

Unique comment ID	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
						the guideline.
63	SH	British Dietetic Association	3	4.5 (s)	Nutrition concerns need to be considered in this section regarding what is the best method of nutrition support for long term nutritional problems of head and neck cancer treatment	We believe this issue would be considered by review question 4.5u which focuses on nutritional support
44	SH	The Royal College of Speech and Language Therapists (RCSLT)	18	4.5s	Amend to also consider the question of optimum service level – the recent survey for laryngectomy care in the UK showed gross discrepancies in out of hours care, distances travelled to see a speech and language therapist.	If the guideline makes recommendations in this area, these will be issues for local implementation.
45	SH	The Royal College of Speech and Language Therapists (RCSLT)	19	4.6	The RCSLT would note the importance of understanding the cost of after-care – for example, funding for surgical voice restoration and access to communication aids	Thank you for this information. We will take into account both clinical and cost effectiveness when making recommendations involving a choice between alternative interventions. A review of the economic evidence will be conducted and analyses will be carried out as appropriate.
1	SH	The Royal College of Pathologists	1	General	“Upper aerodigestive tract cancers: assessment and management of upper aerodigestive tract mucosal cancers” would more accurately reflect the topics to be considered.	We have amended the title of the guideline to make it clearer what it covers.
10	NICE	NICE Health and Social Care Directorate – quality standards	1	General	Thank-you for the opportunity to comment on the draft scope. This appears comprehensive in terms of supporting a future quality standard and we have no comments.	Thank you
24	SH	Yorkshire & Humber Strategic Clinical Network	13	general	Have looked at the comments from the 2 stakeholders workshops and agree with most of these therefore not included in my comments above	Thank you
25	SH	Yorkshire & Humber Strategic Clinical Network	14	General	Has RCSLT been approached to be included in the GDG, if not we need to be there as majority of these patients will have some impact on speech, voice and/or swallowing.	A speech and language therapist was included on the list of specialties when the Guideline Development Group membership was advertised. This person will be on the group representing their personal opinions, not the view of their professional body.

**PLEASE NOTE: Comments received in the course of consultations carried out by the Institute 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 the Institute has received, and are not endorsed by the Institute, its officers or advisory committees.**

Unique comment ID	Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
26	SH	Royal College of Paediatrics and Child Health	1	General	Thank you for inviting the Royal College of Paediatrics and Child Health to comment on the <b>upper airways</b> draft scope document. Please note that we have <u>not</u> received any comments for this.	Thank you
49	SH	The Royal College of Radiologists	2	General	The RCR notes that there is no mention of screening, early diagnosis, dental practitioner or patient education but we presume these important areas are not within the scope as it is limited to treatment of Upper Airways Tract cancers.	This is correct – these areas are not within the scope of a guideline on upper airways tract cancers.
50	SH	British Association of Oral and Maxillofacial Surgeons	1	General	BAOMS is happy to support the scope document. There are several areas of controversy in the management of Head and Neck malignancy. The opportunity to critically examine the evidence base is welcomed.	Thank you

**These organisations were approached but did not respond:**

**Addenbrookes Hospital**  
**Aintree University Hospital NHS Foundation Trust**  
**Archimedes Pharma Ltd**  
**Association for Palliative Medicine of Great Britain**  
**Association for Respiratory Technology and Physiology**  
**Association of Anaesthetists of Great Britain and Ireland**  
**Barnsley Hospital NHS Foundation Trust**  
**Boehringer Ingelheim**  
**British Association of Head and Neck Nurses**  
**British Medical Association**  
**British Medical Journal**  
**British National Formulary**  
**British Nuclear Cardiology Society**

**PLEASE NOTE:** Comments received in the course of consultations carried out by the Institute 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 the Institute has received, and are not endorsed by the Institute, its officers or advisory committees.

**British Nuclear Medicine Society**  
**British Psychological Society**  
**British Red Cross**  
**British Society for Oral and Maxillofacial Pathology**  
**British Society of Thoracic Imaging**  
**BSPGHAN**  
**Cancer Commissioning Team**  
**Cancer Research UK**  
**Care Quality Commission (CQC)**  
**Central Manchester University Hospitals NHS Foundation Trust**  
**Cheshire and Merseyside SCN**  
**Chesterfield Royal Hospital NHS Foundation Trust**  
**City Hospitals Sunderland NHS Foundation Trust**  
**Cook Medical Inc.**  
**counselling for prisoners network**  
**Covidien Ltd.**  
**Croydon University Hospital**  
**Department of Health, Social Services and Public Safety Northern Ireland**  
**East and North Hertfordshire NHS Trust**  
**East Kent Hospitals University NHS Foundation Trust**  
**Ethical Medicines Industry Group**  
**Faculty of Dental Surgery**  
**Five Boroughs Partnership NHS Trust**  
**gastroenterology specialist group**  
**Gloucestershire Hospitals NHS Foundation Trust**  
**Greater Manchester, Lancashire, South Cumbria Strategic Clinical Network**

**Health and Care Professions Council**  
**Health Quality Improvement Partnership**  
**Healthcare Improvement Scotland**  
**Healthcare Infection Society**  
**Healthwatch East Sussex**  
**Herts Valleys Clinical Commissioning Group**  
**Isabel Hospice**  
**Lanes Health**  
**Local Government Association**  
**London cancer alliance**

**PLEASE NOTE: Comments received in the course of consultations carried out by the Institute 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 the Institute has received, and are not endorsed by the Institute, its officers or advisory committees.**

**Maquet UK Ltd**  
**Medicines and Healthcare products Regulatory Agency**  
**Mid Staffordshire NHS Foundation Trust**  
**Ministry of Defence**  
**National Association of Laryngectomee Clubs**  
**National Clinical Guideline Centre**  
**National Collaborating Centre for Cancer**  
**National Collaborating Centre for Mental Health**  
**National Collaborating Centre for Women's and Children's Health**  
**National Deaf Children's Society**  
**National Institute for Health Research Health Technology Assessment Programme**  
**National Patient Safety Agency**  
**NHS Barnsley Clinical Commissioning Group**  
**NHS Connecting for Health**  
**NHS Cumbria Clinical Commissioning Group**  
**NHS Direct**  
**NHS England**  
**NHS Health at Work**  
**NHS Improvement**  
**NHS Information Centre**  
**NHS Plus**  
**NHS Sheffield**  
**NHS Sheffield CCG**  
**NHS South Cheshire CCG**  
**NHS Wakefield CCG**  
**NHS Warwickshire North CCG**  
**NICE TLOC GDG**  
**North of England Cancer Network**  
**North of England Commissioning Support**  
**Nottingham City Council**  
**Nutricia Clinical Care**  
**Oxfordshire Clinical Commissioning Group**  
**Pfizer**  
**PHE Alcohol and Drugs, Health & Wellbeing Directorate**  
**Primary Care Pharmacists Association**  
**Primrose Bank Medical Centre**

**PLEASE NOTE: Comments received in the course of consultations carried out by the Institute 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 the Institute has received, and are not endorsed by the Institute, its officers or advisory committees.**

Public Health Wales NHS Trust  
Public Health Wales NHS Trust  
Queen Elizabeth Hospital King's Lynn NHS Trust  
Roche Diagnostics  
Roche Products  
Royal College of Anaesthetists  
Royal College of General Practitioners in Wales  
Royal College of Midwives  
Royal College of Obstetricians and Gynaecologists  
Royal College of Physicians  
Royal College of Physicians and Surgeons of Glasgow  
Royal College of Psychiatrists  
Royal College of Radiologists  
Royal College of Surgeons of Edinburgh  
Royal College of Surgeons of England  
Royal Pharmaceutical Society  
Royal Surrey County Hospital NHS Trust  
Scottish Intercollegiate Guidelines Network  
Serious Hazards of Transfusion  
Sheffield Teaching Hospitals NHS Foundation Trust  
Smith & Nephew UK Limited  
Social Care Institute for Excellence  
Society and College of Radiographers  
South London & Maudsley NHS Trust  
South West Yorkshire Partnership NHS Foundation Trust  
Staffordshire and Stoke on Trent Partnership NHS Trust  
Stockport Clinical Commissioning Group  
TB Action Group  
The African Eye Trust  
The Institute of Cancer Research  
The Patients Association  
Throat Cancer Foundation  
UK National Screening Committee  
University Hospital Birmingham NHS Foundation Trust  
University Hospitals Birmingham  
Velindre NHS Trust  
Welsh Government  
Western Sussex Hospitals NHS Trust

**PLEASE NOTE:** Comments received in the course of consultations carried out by the Institute 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 the Institute has received, and are not endorsed by the Institute, its officers or advisory committees.

