Response to NICE Health Technology Appraisal - Endovascular Stents for Abdominal Aortic Aneurysms- Assessment Report consultation

1. Issues relating to National Screening Committee

In section 7 'Assessment of Factors Relevant to the NHS and Other Parties' is the following paragraph:

The National Screening Committee for the UK (March 2007) has recommended that AAA screening should be offered to men aged 65, provided that the men invited were given clear information about the risks of elective surgery. Screening will lead to an increase in the number of AAA cases being identified for treatment, particularly **small** aneurysms. Steps will need to be taken to create networks of vascular surgical services to allow further specialisation, bigger throughput of cases. Provided adequate resources and training are provided the increased volume should reduce the risk of surgery (open or EVAR) as there is evidence correlating volume and quality.168

It is recommended that the word 'small' is changed to 'medium'. The proposed AAA screening programme will refer patients with a AAA of 5.5 cm or greater to a vascular surgeon. The screening programme will operate as follows:

Testing: By Ultrasonographic scan

<3 cm diameter	Normal scan - no further follow up
3 – 4.4 cm diameter	Re-scan 1 year
4.5 – 5.4 cm diameter	Re-scan 3 months
5.5 cm or greater	Refer to Vascular Surgeon for confirmation of diagnosis and to consider treatment

2. Terminology used for size of AAA

The terminology used for the sizes of AAA (small, medium, large, very large) may give rise to confusion if not used consistently throughout the Health Technology Appraisal In key sections of the HTA (Executive summary, Conclusions) it would be helpful if the size of the aneurysm was also included after the description e.g. Large (6.5 – 7.4 cm).

3. Summary of the Conclusions

As highlighted in the Health Technology Appraisal, the new AAA screening programme will give rise to a large increase in the number of men with AAA identified for elective treatment. Therefore the conclusions of the NICE report are likely to form the basis for how EVAR is used for men identified through the screening programme. It would be helpful if the conclusions of the Health Technology Appraisal could also be presented in a tabular format to ensure consistent interpretation of the conclusions. We have used the Conclusions to develop the following tables. Have we interpreted the conclusions correctly?

EVAR in patients with Good / medium fitness

Size/Age	Under 70	70-73	74-78	79-83	84 and over
Small >4	Not CE	Not CE	Not CE	Not CE	Not CE
Medium >5.5	Not CE	Not CE	Not CE	Not CE	Not CE
Large >6.5	Not CE	Not CE	Not CE	Not CE	Not CE
Very large >7.5	Not CE	Not CE	Not CE	Not CE	Not CE

EVAR in patients with Poor fitness

Size/Age	Under 70	70-73	74-78	79-83	84 and over
Small >4	Not CE	Not CE	Not CE	Not CE	Not CE
Medium >5.5	Not CE	Not CE	CE	Not CE	Not CE
Large >6.5	Not CE	Not CE	CE	Not CE	Not CE
Very large >7.5	CE	CE	CE	CE	Not CE

EVAR in patients with Very poor fitness

Size/Age	Under 70	70-73	74-78	79-83	84 and over
Small >4	Not CE	Not CE	Not CE	Not CE	Not CE
Medium >5.5	CE	CE	Not CE	Not CE	Not CE
Large >6.5	CE	CE	Not CE	Not CE	Not CE
Very large >7.5	CE	CE	CE	Not CE	Not CE

4. Implications for the service

The Health Technology Appraisal will have implications for vascular surgery networks in that all networks will need to ensure that EVAR is made available to patients in whom treatment would be cost effective. Presumably it is not the intention that every vascular surgical unit within a network will provide EVAR. Therefore it would be helpful for the Health Technology Appraisal to include a recommendation on the level of provision of EVAR needed per million total population. Furthermore it would be extremely helpful to have a recommendation on the minimum annual workload for each EVAR centre in order to ensure best possible patient outcomes. This could mean NICE would have to consider any evidence relating EVAR activity volumes to outcomes.

These recommendations might be included in a section on how the HTA should be implemented or as separate commissioning guidance for EVAR.