Dear Christopher and Kate,

Comments on telbivudine ACD:

i) Do you consider that all of the relevant evidence has been taken into account?

The ACD summarises the clinical issues well, taking into account:

- the importance of potency of the medications; telbivudine is more potent than lamivudine and in sequential use pathways would be preferable to lamivudine;
- the need for long term, possibly lifelong, therapy and the observed development of drug resistance within the early years of use of telbivudine as a single agent, necessitate that this drug is considered in a management algorithm which includes rescue with adefovir or de novo use of combination telbivudine and adefovir.

The evidence base is complete and the ACD summary takes this into account.

ii) Do you consider that the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence, and that the preliminary views on the resource impact and implications for the NHS are appropriate?

Yes.

iii) Do you consider that the provisional recommendations of the Appraisal Committee are sound and constitute a suitable basis for the preparation of guidance to the NHS?

Yes at the present time but projecting forward to the stage when tenofovir is available, a drug which is more potent than adefovir , and controls lamivudine and telbivudine resistance variants, we will need to consider whether telbivudine and tenofovir as sequential therapy or de novo combination therapy are more effective in controlling long term resistance than entecavir +/- tenofovir. Thus telbivudine might need to be re-evaluated as an investigational drug in combination with tenofovir in long term studies.

iv) Are there any equality related issues that need special consideration that are not covered in the ACD?

I hope this helps.

Yours sincerely