

# NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

## Health Technology Appraisal

### Ranibizumab and pegaptanib for the treatment of age-related macular degeneration

#### Response to public comments on the first ACD issued May 2007

#### Main themes of correspondence

The following recurring themes were identified from the letters, emails and website comments. These are listed below. In total there were 4548 responses to the consultation on the first draft guidance relating to age-related macular degeneration (AMD).

Theme	Institute Response
AMD has an impact on patients' and families' quality of life	The Committee discussed the utility values (which provide a measure of quality of life) used in the economic models - see FAD section 4.3.15). The resources use and costs incorporated in the Assessment Group's economic model included those for community care and residential care (see FAD section 4.2.3.3). The Appraisal Committee considers cost-effectiveness of technologies with regard to the reference case specified in the Guide to the Methods of Technology Appraisal. (Available from URL <a href="http://www.nice.org.uk/page.aspx?o=201974">http://www.nice.org.uk/page.aspx?o=201974</a> ). In the reference case, the perspective on outcomes is all health effects on individuals.
There should be consideration of both NHS/personal social services costs and wider societal costs	The Appraisal Committee considers cost-effectiveness of technologies with regard to the reference case specified in the Guide to the Methods of Technology Appraisal. (Available from URL <a href="http://www.nice.org.uk/page.aspx?o=201974">http://www.nice.org.uk/page.aspx?o=201974</a> ). In the reference case, the perspective on costs is that of the NHS and Personal Social Services.
Costs should not be considered as they result in limited access to treatment	Comments noted. The Committee does not consider the clinical effectiveness alone but the cost effectiveness as well when appraising technologies. The Institute and the Appraisal Committee take into account factors listed in the directions of the Secretary of State for Health and the Welsh Assembly Government. One of these factors is the effective use of available resources. See Guide to the Technology Appraisal Process ( <a href="http://www.nice.org.uk/aboutnice/howwework/devnicetech/technologyappraisalprocessguides/guide_to_the_technology_appraisal_process_reference_n0514.jsp">http://www.nice.org.uk/aboutnice/howwework/devnicetech/technologyappraisalprocessguides/guide_to_the_technology_appraisal_process_reference_n0514.jsp</a> )

<p>Recommending treatment limited to the better-seeing eye only is not appropriate.</p>	<p>The FAD has since changed. Refer to section 1 and of the FAD. Section 4.3.18 of the FAD states that the Committee discussed whether it would be appropriate to consider recommending treatment in the better-seeing eye only: that is, not to treat where patients present with only one eye affected. It noted the concerns raised by consultees and understood that most consultees felt that it would be unacceptable, and clinically inappropriate, not to treat the first eye that comes to clinical attention. It was persuaded that any other scenario could result in losing the opportunity to preserve vision because the untreated better-seeing eye could subsequently be affected by an untreatable cause of vision loss, or might not respond to treatment with anti VEGFs. With all these issues in mind the Committee concluded that its considerations of cost effectiveness should relate to starting treatment with the first eye to present clinically.</p>
<p>Recommending treatment based on lesion type not appropriate</p>	<p>The FAD has since changed. Refer to section 1. Section 4.3.6 of the FAD states that the Committee considered whether the clinical effectiveness of the two anti-VEGFs (ranibizumab and pegaptanib) varies by lesion type. It noted that, in the ranibizumab RCTs, the effects in patients who had predominantly classic lesion types were similar to those in patients with minimally classic and occult no classic lesion types. The Committee heard that in clinical practice anti-VEGF treatment results in similar effects across all lesion types. It heard from clinical experts that although the classification by lesion type is relevant to laser-based treatments where there is a need to delineate the margins of CNV, such classification is not relevant to the use of anti-VEGFs. The Committee concluded that anti-VEGF treatments were clinically effective across lesion types.</p>
<p>Comments on the effectiveness of treatments already received</p>	<p>Comments noted.</p>
<p>The preliminary recommendations were negatively weighted against the elderly.</p>	<p>The Institute and the Appraisal Committee take into account Social Value Judgements from the Citizen's Council and the need for due regard to the need to eliminate unlawful discrimination and to promote equality.</p>

**NICE Secretariat  
March 2008**