Comments on the ACD Received from the Public Through the NICE Website

Name	[redacted]
Role	NHS Professional
Other role	
Location	England
Conflict	no
Notes	
Comments on individual sections of the ACD:	
Section 1 (Appraisal Committee's preliminary recommendations)	Recommendation 1.1 is very welcome news and I very much hope that patients with CLL in the UK will now finally move away from alkylating agent as first line treatment. However, not every patient would be eligible for purine analogue therapy on the basis of impaired renal function or other index of poor physiological performance. In these cases the question of which is the optimum therapy arises. I am concerned that treatment of "fragile" patients with CLL will be actively compromised for a prolonged period as a result of recommendation 1.2 In the UK there are ongoing clinical trials combining anti-CD20 antibodies and chlorambucil, the results of which should become available over the next 12-18 months. Why not wait until more clinical trial data is available before ruling out the use of combined chemoimmunotherapy based on less toxic drugs eg chlorambucil? By toning down this paragraph by adding a "pending data" clause would sustain the sentiment without the longer term limitation on therapy for fragile patients with CLL. A more strongly worded para 1.1 where the combination is recommended when FC therapy is the "treatment of choice" may obviate para 1.2
Section 2 (the technology)	
Section 3 (manufacturer's submission)	
Section 4 (consideration of the evidence)	While current UK practice would be to consider exclusively rituximab in combination with fludarabine and cyclophosphamide "when FC is the treatment of choice" there are current NCRN badged clinical trials where chlorambucil is combined with antibody and available to patients when FC is not deemed to be the treatment of choice.
Section 5 (implementation)	
Section 6 (proposed recommendations for further research)	Consideration could be given to revising the recommendation regarding combined fludarabine and cyclophosphamide in patients who cannot tolerate rituximab
Date	14/04/2009 13:38

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Conflict	no
Notes	No
Comments on individual sections of the ACD:	
Section 1 (Appraisal Committee's preliminary recommendations)	Disagree with recommendation, which is based on data from one unpublished RCT involving a younger/fitter population to that treated in UK practice. Evidence of improved survival with addition of rituximab is not compelling use of rituxumab increases toxicity.
Section 2 (the technology)	
Section 3 (manufacturer's submission)	Addition of rituximab to FC regimen, did not increase overall survival in longer-term but did increase toxicity.
Section 4 (consideration of the evidence)	
Section 5 (implementation)	
Section 6 (proposed recommendations for further research)	
Date	02/04/2009 12:41