The Royal College of Pathologists
Pathology: the science behind the cure

Pharmalgen for the treatment of venom allergy

Multiple Technology Appraisal by the National Institute for Health and Clinical Excellence

Appraisal Consultation Document
and
Evaluation Report

Comment from the
Specialty Advisory Committee on Immunology
Royal College of Pathologists

APPRAISAL CONSULTATION DOCUMENT

Has all of the relevant evidence been taken into account?

Recently published UK guidelines from the British Society for Allergy & Clinical Immunology should be incorporated into the information base for the MTA (Krishna MT, Ewan PW, Diwakar L *et al*. Diagnosis and management of hymenoptera venom allergy: British Society for Allergy and Clinical Immunology (BSACI) Guidelines. Clin Exp Allergy 2011; 41: 1201-20). The ACD alludes to these guidelines (page 19) but they are not formally referenced here or in the full Evaluation Report.

Are the summaries of clinical and cost effectiveness reasonable interpretations of the evidence?

Yes.

Are the provisional recommendations sound and a suitable basis for guidance to the NHS?

Yes. Recent BSACI guidelines also indicate that treatment with Pharmalgen may be considered in moderate reactions on the basis of remoteness from medical help, increased age, patient preference and co-morbid cardiac or respiratory conditions.

Are there any aspects of the recommendations that need particular consideration to ensure we avoid unlawful discrimination against any group of people on the grounds of gender, race, disability, age, sexual orientation, religion or belief?

None identified.

Are there any equality-related issues that need special consideration and are not covered in the appraisal consultation document?

None identified.

Specific comments

Page 24, Evidence for clinical effectiveness section, para 2, line 4: insert ‘to’ between ‘…relevant’ and ‘Pharmalgen.’.

EVALUATION REPORT

Has all of the relevant evidence been taken into account?

Recently published UK guidelines from the British Society for Allergy & Clinical Immunology should be incorporated into the information base for the MTA (Krishna MT, Ewan PW, Diwakar L *et al*. Diagnosis and management of hymenoptera venom allergy: British Society for Allergy and Clinical Immunology (BSACI) Guidelines. Clin Exp Allergy 2011; 41: 1201-20).

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Are there any equality-related issues that need special consideration and are not covered in the appraisal consultation document?

None identified.

Specific comments

- Section 1.2, page 2, para 2, line 3: change ‘reaction’ to ‘reactions’
- Section 1.2, page 2, para 2, line 6: word(s) missing from text of sentence
- Table 1, page 4: Initial sentence as written is incorrect. Stated information relates to decision-making about initial dosing (based on skin testing results), not maximum target dose to be reached from entire updosing regimen (which is 100 microgams).
- Section 3.2, page 10, para 3, line 4: Unclear what ‘rapid’ specifically means in respect of treatment regimens. Report previously uses ‘conventional’, ‘modified rush’ and ‘rush’ descriptors for treatment protocols (page 4) as per the Pharmalgen Summary of Product Characteristics manufacturer information.