National Institute for Health and Care Excellence

Single Technology Appraisal (STA/MTA)

Aflibercept for treating diabetic macular oedema

Response to consultee and commentator comments on the draft remit and draft scope (pre-referral)

Comment 1: the draft remit

Section	Consultees	Comments	Action
Appropriateness	**Bayer plc**	The draft remit is appropriate.	Comment noted. No action required.
	Royal College Of Ophthalmologists	Yes	Comment noted. No action required.
	Royal College of Nursing	Yes as any new drug that has the potential to save sight should be available for NHS clinicians to use.	Comment noted. No action required.
	Joint response: Royal National Institute of Blind People (RNIB) and Macular Society	Yes Aflibercept solution for injection for treating diabetic macular oedema offers patients an additional choice for this condition.	Comment noted. No action required.

Section	Consultees	Comments	Action
Wording	**Bayer plc**	The draft remit is appropriate. It may be the case that the marketing authorisation specifies 'visual impairment' due to diabetic macular oedema (DMO), in line with the wording for ranibizumab.	Comment noted. The population section of the scope has been updated to specify visual impairment because of diabetic macular oedema.
	Royal College Of Ophthalmologists	Yes, it is accurate and correct	Comment noted. No action required.
	Royal College of Nursing	Adequate resume	Comment noted. No action required.
	Joint response: Royal National Institute of Blind People (RNIB) and Macular Society	The wording is appropriate	Comment noted. No action required.
Timing Issues	**Bayer plc**	The draft remit is appropriate.	Comment noted. No action required.
	Royal College Of Ophthalmologists	We have ranibizumab for patients with this condition in the NHS. Having another antiVEGF agent will allow choice to practitioners and patients. Other available options are laser and fluocinolone. Laser outcomes are inferior to antiVEGF treatment. Fluocinolone is only reserved for refractory cases to laser and antiVEGF agents in psuedophakic eyes due to its complications.	Comment noted. No action required.

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	Royal College of Nursing	Appropriate as this is a sight threatening condition and knowing that individuals can respond differently to drugs clinicians need the option to use what is considered the most effective treatment for that individual, especially if they have poor response to currently approved treatments.	Comment noted. No action required.
	Joint response: Royal National Institute of Blind People (RNIB) and Macular Society	This is urgent as not all patients respond to the current approved treatments and this new option may mean the difference between saving or losing sight.	Comment noted. No action required.
Additional comments on the draft remit	**Bayer plc**	None	Comment noted. No action required.
	Royal College Of Ophthalmologists	None	Comment noted. No action required.

Comment 2: the draft scope

Section	Consultees	Comments	Action
Background information	**Bayer plc**	No comments	Comment noted. No action required.
	Royal College Of Ophthalmologists	Accurate	Comment noted. No action required.
	Royal College of Nursing	Accurate	Comment noted. No action required.
	Joint response: Royal National Institute of Blind People (RNIB) and Macular Society	No comments	Comment noted. No action required.
The technology/ intervention	**Bayer plc**	No comments	Comment noted. No action required.
	Royal College Of Ophthalmologists	Yes	Comment noted. No action required.
	Joint response: Royal National Institute of Blind People (RNIB) and Macular Society	Yes	Comment noted. No action required.

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Population	**Bayer plc**	No comments	Comment noted. No action required.
	Alimera Sciences Limited	1) The specific population needs to be defined by the manufacturer. 2) Contraindications in DMO population being explored need to be confirmed.	Comments noted. The population section of the scope has been updated to specify visual impairment because of diabetic macular oedema.
	Royal College Of Ophthalmologists	Yes	Comment noted. No action required.
	Royal College of Nursing	Some people with diabetes may have some retinal oedema that does not threaten sight so perhaps the scope should say those with symptomatic oedema and central retinal thickness of over 400 microns as with previous NICE approved drugs.	Comments noted. The population section has been updated to specify visual impairment because of diabetic macular oedema. The scoping workshop attendees heard from the manufacturer that the aflibercept clinical trials include people with a central retinal thickness of at least 300 microns. Therefore the scoping workshop attendees agreed that it was not appropriate to restrict the population to those with a central retinal thickness of at least 400 microns.

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	Joint response: Royal National Institute of Blind People (RNIB) and Macular Society	Yes	Comment noted. No action required.
Comparators	**Bayer plc**	Laser and ranibizumab (with or without laser) are appropriate comparators for aflibercept for the treatment of DMO. These therapies are standard of care for the treatment of DMO in the NHS. We do not believe fluocinolone acetonide intravitreal implant (with or without laser) is an appropriate comparator for aflibercept in DMO. Fluocinolone is recommended by NICE guidance (TA301) only in those patients with chronic diabetic macular oedema that is insufficiently responsive to available therapies and used only in an eye with an intraocular (pseudophakic) lens. Aflibercept is not expected to displace the use of fluocinolone in this small subgroup of patients. Aflibercept may be considered an 'available therapy' and would therefore be used prior to fluocinolone in the treatment pathway. We do not believe bevacizumab (with or without laser) is an appropriate	Comments noted. The appraisal committee will consider aflibercept within its marketing authorisation Aflibercept does not currently hold a UK marketing authorisation for treating diabetic macular oedema. The Committee for Human Medicinal Products (CHMP) of the European Medicines Agency (EMA) has issued a positive opinion in June 2014 to grant a marketing authorisation with a therapeutic indication for the treatment of adults with visual impairment due to DMO. As aflibercept could be appropriate for any line of treatment, and any subgroup; it is appropriate to consider all later lines of treatment for which aflibercept could be used.

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		comparator for aflibercept in DMO. Bevacizumab is not the standard of care in the NHS for the treatment of DMO, where there are licensed and NICE recommended alternatives for the treatment of DMO. Ranibizumab is recommended in guidance TA274 for DMO if the eye has a central retinal thickness of 400 micrometres or more at the start of treatment. For those who are not eligible for ranibizumab, laser is the standard of care and was considered the comparator for ranibizumab in this appraisal. In section 4.2 of TA274, it states: *"The Committee heard from the clinical specialists that the current standard treatment for diabetic macular oedema is focal and/or grid laser photocoagulation."*	Scoping workshop attendees heard from clinical specialists that bevacizumab is used in clinical practice, but that the use is variable across the UK. The scoping workshop attendees agreed that given it was used in clinical practice it should be considered as a comparator.
	Alimera Sciences Limited	1) The manufacturer needs to confirm if Aflibercept is to be used alone or in combination with other treatments. 2) Ranibizumab would be an appropriate comparator. 3) In pseudophakic patients, in keeping with TA301, ILUVIEN would be an appropriate comparator. 4) Any surgical comparisons are not a fair comparison (workshop ID653).	Comments noted. The manufacturer confirmed at the scoping workshop that aflibercept was being considered as a monotherapy.
	Royal College Of Ophthalmologists	yes	Comment noted. No action required.
	Royal College of Nursing	Yes but as Avastin is not licensed, should it be used as a comparator in the UK?	Scoping workshop attendees heard from clinical specialists that bevacizumab is used in clinical practice, but that the use is variable across the UK. The scoping workshop attendees agreed that given it was used in clinical practice it should be considered as a comparator.
	Joint response: Royal National Institute of Blind People (RNIB)	Bevacizumab is currently not licensed for use in this condition. Patient organisations and clinical professionals agree that there is still insufficient data to draw firm conclusions on the comparative safety of this drug in the treatment of the condition. Therefore, this therapy should not be considered	Comments noted. Scoping workshop attendees heard from clinical specialists that bevacizumab is used in

Section	Consultees	Comments	Action
	and Macular Society	routine and best practice in the NHS, and should not be used as a comparator. NICE has only recommended fluocinolone acetonide intravitreal implant in patients with chronic diabetic macular oedema that is insufficiently responsive to available therapies and used only in an eye with an intraocular (pseudophakic) lens. Therefore, we would assume that aflibercept would be used in patients before fluocinolone is even considered and question whether this is an appropriate comparator.	clinical practice, but that the use is variable across the UK. The scoping workshop attendees agreed that given it was used in clinical practice it should be considered as a comparator. The appraisal committee will consider aflibercept within its marketing authorisation. Aflibercept does not currently hold a UK marketing authorisation for treating diabetic macular oedema. The Committee for Human Medicinal Products (CHMP) of the European Medicines Agency (EMA) has issued a positive opinion in June 2014 to grant a marketing authorisation with a therapeutic indication for the treatment of adults with visual impairment due to DMO. As aflibercept could be appropriate for any line of treatment, and any subgroup; it is appropriate to consider all later lines of treatment for which aflibercept could be used.

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Outcomes	**Bayer plc**	The pivotal VIVID and VISTA trials did not measure contrast sensitivity as an outcome.	Comment noted. The scoping workshop attendees agreed that contrast sensitivity did not need to be considered as an outcome because it was not included in the pivotal trials, and was generally considered an outcome more appropriate for research rather than being meaningful clinically for patients. However, in order to maintain consistency with an ongoing appraisal in this disease area (dexamethasone for DMO), contrast sensitivity has been retained as an outcome.
	Alimera Sciences Limited	Recommendations: 1) Include mortality in analysis model as it is relevant to this disease / population. 2) That vision specific QOL be used rather than broad QOL (EQ5D). 3) DR should be included as it is a surrogate agent and an appropriate	Comments noted. The scoping workshop attendees noted that mortality is included as an outcome and will be considered as part of the appraisal. The manufacturer confirmed that vision specific quality of life was measured in the clinical trials and would be considered as part of the quality of life outcome. Scoping workshop attendees acknowledged the relationship

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		outcome.	between diabetic retinopathy and diabetic macular oedema but did not consider diabetic retinopathy to be an appropriate outcome.
		4) CFT should be included as part of routine clinical practice.	In order to maintain consistency with an ongoing appraisal in this disease area (dexamethasone for DMO), central foveal subfield thickness has been added as an outcome.
		5) IOP, cataract and endophthalmitis need to be included as specific outcomes. Other common side effects should also be considered (i.e., conjunctival haemorrhage, eye pain, vitreous detachment, vitreous floaters, increased lacrimation and ocular hyperemia).	The scoping workshop attendees noted that adverse events were included as an outcome in the scope and agreed that a list of all individual adverse events did not need to be specified in the outcomes section.
		6) To include CF subfield thickness in the analysis.	In order to maintain consistency with an ongoing appraisal in this disease area (dexamethasone for DMO), central foveal subfield thickness has been added as an outcome.
		7) Outcome endpoint needs to be defined – for DMO, 2 years is insufficient	The scoping workshop attendees noted that the time-

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		as others offer longer-term outcomes. 8) Has the number of injections / frequency of treatment properly defined / suitably powered?	points for each outcome would be subject to the evidence available and therefore the clinical trials. Any uncertainty of this evidence will be considered as part of any future appraisal. The scoping workshop attendees agreed that frequency of injections would be considered as part of any economic modelling, but did not need to be specified as an outcome
	Royal College Of Ophthalmologists	yes	Comment noted. No action required.
	Royal College of Nursing	Yes the main outcomes are listed. Nurses are seeing patients of a younger age group so the preservation of visual outcome and QOL is extremely important.	Comments noted. No action required.
	Joint response: Royal National Institute of Blind People (RNIB) and Macular Society	The trial data did not measure contrast sensitivity as an outcome. However, for patients, measurements that look at improvements to functional vision are very important. Visual acuity alone does not capture the full picture - patients are interested in what they can continue to do such as drive or undertake day to day activities.	Comment noted. In order to maintain consistency with an ongoing appraisal in this disease area (dexamethasone for DMO), contrast sensitivity has been retained as an outcome. The scoping workshop attendees recognised that visual acuity does not capture the full impact of diabetic macular oedema on patient's lives. The scoping workshop attendees noted that quality of life was

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			included as an outcome in the scope and that the clinical trials included a vision specific measure of quality of life. The scoping workshop attendees discussed the impact of changes in visual acuity on quality of life, and recognised that this depended on whether any change in visual acuity was in the better or worse seeing eye. The economic analysis section has been updated to specify that the cost effectiveness analysis should include consideration of the benefit in the best and worst seeing eye.
Economic analysis	**Bayer plc**	No comments	Comment noted. No action required.
	Royal College Of Ophthalmologists	yes	Comment noted. No action required.
	Joint response: Royal National Institute of Blind People (RNIB) and Macular Society	The scope notes that: 'Costs will be considered from an NHS and Personal Social Services perspective'. By limiting considerations to NHS and Personal Social Services costs, NICE fails to recognise the full impact of sight loss on society and the Exchequer. By failing to focus on the whole picture - both mental, physical and social problems associated with blindness - there is a real danger of sub-optimal investment in new treatments.	Comments noted. In line with NICE's processes and the documented reference case, costs will be considered from an NHS and Personal Social Services perspective.

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Equality and Diversity	**Bayer plc**	No comments. We are not aware of any potential equality issues related to this appraisal.	Comment noted. No action required.
	Alimera Sciences Limited	1) Availability to patients to patients needs to be confirmed.	Comments noted. No action required.
	Royal College Of Ophthalmologists	No equality issues noted.	Comment noted. No action required.
	Joint response: Royal National Institute of Blind People (RNIB) and Macular Society	If this technology was not made available to patients, it would lead to inequity in access to sight-saving treatment, as only patients able to afford private treatment would benefit from this new treatment.	Comments noted. The Institute takes into account the clinical and cost effectiveness of a technology, along with other considerations when issuing guidance to the NHS. The appropriate objective of the Institute's technology appraisal programme is to offer guidance that represents an efficient use of available NHS and personal social services resources.

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Innovation	**Bayer plc**	Aflibercept tightly binds to all forms of VEGF and PlGF known to contribute to angiogenesis in the eye. In comparison ranibizumab is a recombinant, humanized, monoclonal antibody Fab fragment against VEGF-A. Thus, aflibercept binds tighter to VEGF than the natural receptors and currently available treatments. Stewart et al.(1) demonstrated that 79 days after a single Eylea (1.15 mg) injection, the intravitreal VEGF-binding activity would be comparable to ranibizumab at 30 days. This finding may be a key advantage due to the chronicity of DMO as well the burden associated with regular intravitreal anti-VEGF injections(2)(chapter 11.5.4). It is expected that aflibercept will provide an option to reduce the burden on patients, their caregivers, and the NHS of the mandatory monthly monitoring that is associated with the use of ranibizumab to treat visual impairment due to DMO. It is unlikely the QALY calculation will fully capture the benefits to patients and carers of a more convenient service delivery protocol. Generic instruments measuring quality of life and used in the QALY calculation, such as the EQ5D, do not measure these benefits.	Comments noted. The innovative nature of the drug, for example if the drug offers a step change in treatment, a longer duration of action or a reduced burden for clinics, will be considered as part of any future appraisal.
	Alimera Sciences Limited	1) To be progresses, Aflibercept needs to meet 50% of an unmet need. This needs to be confirmed by the manufacturer. 2) Does Aflibercept offer any benefit to existing patients in terms of side effects. 3) Anti-VEGF's are not especially innovative. 4) The manufacturer needs to confirm if this is an STA or an MTA (i.e., more than one technology and/or more than one indication).	Comments noted. The innovative nature of the drug, for example if the drug offers a step change in treatment, a longer duration of action or a reduced burden for clinics, will be considered as part of any future appraisal.

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	Royal College Of Ophthalmologists	It is not a step-change but it adds choice to existing options with a possibility of requiring less hospital appointments whilst maintain the visual outcomes.	Comments noted. The innovative nature of the drug, for example if the drug offers a step change in treatment or a reduced burden for people with diabetic macular oedema or on clinics, will be considered as part of any future appraisal.
	Royal College of Nursing	Innovative in the respect that the duration of action is over four weeks compared with other licensed drugs.	Comments noted. The innovative nature of the drug, for example if the drug offers a step change in treatment, a longer duration of action or a reduced burden for clinics, will be considered as part of any future appraisal.
	Joint response: Royal National Institute of Blind People (RNIB) and Macular Society	As the licensing has not yet been agreed it is difficult to make firm comment on this topic becase it is not clear what dosing regimin the liscense will allow for. However, this treatment is potentially innovative in terms of its dosing regimen; from evidence obtained through the VISTA and VIVID trials it would appear that similar outcomes may be achievable from both four and eight week dosing (which follows the five months “loading” phrase). As such it might be the case that aflibercept allows for a less frequent dosing regimin. A less onerous dosing regimen would be expected to reduce the burden on patients/carers, and doctors' case load. This could improve the way that current need is met. Unfortunately this impact will not be captured in the QALY calculation.	Comments noted. The innovative nature of the drug, for example if the drug offers a step change in treatment, a longer duration of action or a reduced burden for clinics, will be considered as part of any future appraisal.

Section	Consultees	Comments	Action
Other considerations	**Bayer plc**	Types of DMO (focal/diffuse/ischaemic/non-ischaemic maculopathy/central involvement) are not appropriate subgroups for aflibercept in DMO. The data required for these proposed subgroup analyses were not collected in the VIVID and VISTA trials. All patients in the VISTA and VIVID studies had central involvement. Prior cataract surgery is not a relevant subgroup for aflibercept in DMO. This was not a specified subgroup in the VISTA or VIVID studies. Cataracts are particularly relevant to the cost effectiveness of steroids, with which cataracts are a notable side effect. This is not an appropriate subgroup for aflibercept given the low incidence of cataracts associated with VEGF (vascular endothelial growth factor) inhibitors and the minimal impact this is expected to have on cost effectiveness. The VIVID and VISTA studies included both treatment naïve and previously treated patients.	Comments noted. Scoping workshop attendees discussed 'type of diabetic macular oedema' as a subgroup. They noted that it was not considered in the pivotal trials, and heard from clinicians that it did not impact treatment decision-making. It was therefore agreed to remove type of diabetic macular oedema as a subgroup. Scoping workshop attendees agreed that as fluocinolone (a corticosteroid) should be included as a comparator it was appropriate to include prior cataract surgery as a subgroup. The wording for the prior cataract surgery subgroup has been updated to be consistent with the fluocinolone technology appraisal.
	Alimera Sciences Limited	**Non-responders** 1) How will non-responders to Aflibercept be identified? An algorithm needs to be established. 2) What criteria will be established for stopping the use of Aflibercept in those that are not responding to Aflibercept? 3) The use of Aflibercept has been associated with cardiovascular risks. Evidence is considerable in wet AMD. Furthermore, the risk associated with Aflibercept use increases with age (CHMP assessment report,	Comments noted. Issues related to stopping rules and risks of adverse events may be considered as part of any future appraisal where appropriate.

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		EMA/646256/2012, page 66). So the use of Aflibercept needs to reflect this use in terms of labelling, follow-up evaluations and medical history. **Subgroups** 1) Focal and diffuse need to be properly defined / differentiated. 2) Any planned subgroup analysis needs to be adequately powered and be a fair representation of the wider population. 3) Baseline levels need to be included in the analysis model. 4) Are there any subgroups that should be considered separately?	Comments noted. The subgroups section has been updated. Scoping workshop attendees discussed 'type of diabetic macular oedema' as a subgroup. They noted that it was not considered in the pivotal trials, and heard from clinicians that it did not impact treatment decision-making. It was therefore agreed to remove type of diabetic macular oedema as a subgroup. Scoping workshop attendees agreed that as fluocinolone (a corticosteroid) should be included as a comparator it was appropriate to include prior cataract surgery as a subgroup. The wording for the cataract subgroup has been updated to be consistent with the fluocinolone technology appraisal. Specific questions relating to the subgroups such as definitions and adequate power will be considered as part of any future appraisal.
	Royal College Of Ophthalmologists	none	Comment noted. No action required.

Section	Consultees	Comments	Action
	Royal College of Nursing	The main consideration will be the potential burden to staff, equipment and facilities. Current evidence base demonstrates an improvement in VA after at least x 5 monthly injections before 2 monthly therefore most patients will need at least monthly monitoring in the first 6 months. There is also the potential to decrease the burden on follow up appointments as the drug can be given 2 monthly after the initial loading phase.	Comments noted. The innovative nature of the drug, for example if the drug offers a step change in treatment, a longer duration of action or a reduced burden for clinics, will be considered as part of any future appraisal.
	Joint response: Royal National Institute of Blind People (RNIB) and Macular Society	No comment	Comment noted. No action required.
Questions for consultation	**Bayer plc**	All the relevant comparators have been included in the scope. Laser and ranibizumab (with and without laser) are the standard of care for the treatment of DMO in the NHS.	Comments noted. The appraisal committee will consider aflibercept within its marketing authorisation. Aflibercept does not currently hold a UK marketing authorisation for treating diabetic macular oedema. The Committee for Human Medicinal Products (CHMP) of the European Medicines Agency (EMA) has issued a positive opinion in June 2014 to grant a marketing authorisation with a therapeutic indication for the treatment of adults with visual

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			impairment due to DMO. As aflibercept could be appropriate for any line of treatment, and any subgroup; it is appropriate to consider all later lines of treatment for which aflibercept could be used.
			Scoping workshop attendees heard from clinical specialists that bevacizumab is used in clinical practice, but that the use is variable across the UK. The scoping workshop attendees agreed that given it was used in clinical practice it should be considered as a comparator.
		As previously indicated, type of DMO and prior cataract surgery are not appropriate subgroups. Data on baseline visual acuity, central retinal thickness and prior treatment history was collected in the VIVID and VISTA studies.	Scoping workshop attendees discussed 'type of diabetic macular oedema' as a subgroup. They noted that it was not considered in the pivotal trials, and heard from clinicians that it did not impact treatment decision-making. It was therefore agreed to remove type of diabetic macular oedema as a subgroup.
			Scoping workshop attendees agreed that as fluocinolone (a corticosteroid) should be

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		Our comments on equality and innovation are included in the relevant boxes.	included as a comparator it was appropriate to include prior cataract surgery as a subgroup. The wording for the cataract subgroup has been updated to be consistent with the fluocinolone technology appraisal. Comments noted. The innovative nature of the drug, for example if the drug offers a step change in treatment, a longer duration of action or a reduced burden for clinics, will be considered as part of any future appraisal.

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	Alimera Sciences Limited	**Questions** 1) What are the key assumptions and model inputs? Factors to be accommodated: retreatment, utility associated with the WSE, bilateral benefits, cost of blindness, relative risk of mortality, dropout rate, proportion unilaterally (BSE / WSE) and bilaterally treated, discount rate. 2) What is the responder / non-responder split? Is this based on 10-letter threshold? 3) What is the utility adjustment (worse seeing eye vs. better seeing eye vs. bilateral)? 4) Which utilities are being used? 5) How variable are the modelling calculations? 6) What was the duration of treatment used in the model? 7) What are the costs of managing side effects factored into the benefit-to-cost ratio? 8) What are the costs of monitoring to the NHS? 9) Does the modelling take account of contraindications?	Comments noted. Issues related to health economic modelling will be considered as part of any future appraisal.
	Royal College Of Ophthalmologists	None	Comment noted. No action required.
	Joint response: Royal National Institute of Blind People (RNIB) and Macular Society	No comment	Comment noted. No action required.

Section	Consultees	Comments	Action
Additional comments on the draft scope.	**Bayer plc**	No comments	Comment noted. No action required.
	Royal College Of Ophthalmologists	None	Comment noted. No action required.
	Royal College of Nursing	As with all intravitreal drugs they need to be delivered in centres that have good 'clean room' facilities due to the risk of endophthalmitis. Also units providing the care need to have access to OCT technology to monitor the outcome post injection to ensure its effectiveness. Units must also consider that they need to be checking and advising re-pregnancy/precautions for their child bearing age cohort of patients. This needs to be considered in the cost analysis as well as additional time to counsel patients of the consequences	Comments noted. Issues related to implementation and cost analysis will be considered as part of the NICE processes following any future appraisal.
	Joint response: Royal National Institute of Blind People (RNIB) and Macular Society	As outlined above, trials have suggested that Aflibercept may require less frequent dosing than ranibizumab in order to achieve similar outcomes. This would have a positive impact on both patients and health service capacity as it may reduce the: • number of hospital visits for the patient • number of leave requests required by some patients to attend hospital appointments (burden to the employer) • need to involve family or friends (burden to the carer) • caseload in eye health departments (burden on health professionals)	Comments noted. These factors will be considered as part of any future appraisal.

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	WARRINGTON CLINICAL COMMISSIONING GROUP	Myself and [redacted] ([redacted]) have reviewed the proprosal for licence extension regarding Aflibercept to include treatment of diabetic macular odema. We feel it's appropriate to highlight to NICE that our comments may be limited as we are primary care based, and Aflibercept is a specialist initiated medication, used in specific ophthalmological conditions. Patients are selected for treatment by Consultant Opthalmologists in a hospital based setting. • On review of the draft scope it appears all necessary comparators and subgroups in 'other considerations are appropriate. • Established clinical practice within [redacted] (as per our local [redacted] recommendations) is the use of Ranibizumab for diabetic macular odema. • Are the same criteria to commence treatment with Aflibercept applied (compared with Ranibizumab and bevacizumab) i.e. visual impairment due to DMO if the eye has a central retinal thickness of 400 micrometres or more at the start of treatment. If not, this could affect the number of patients applicable to receive treatment e.g. potentially increasing numbers of patient who are eligible.	Comments noted. The scoping workshop attendees heard from the manufacturer that the aflibercept clinical trials include people with a central retinal thickness of at least 300 microns. Therefore the scoping workshop attendees agreed that it was not appropriate to restrict the population to those with a central retinal thickness of at least 400 microns.

The following consultees/commentators indicated that they had no comments on the draft remit and/or the draft scope

Department of Health
Society for Endocrinology

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Single Technology Appraisal (STA)

Aflibercept for treating diabetic macular oedema

Response to consultee and commentator comments on the provisional matrix of consultees and commentators

Version of matrix of consultees and commentators reviewed: Provisional matrix of consultees and commentators sent for consultation					
Summary of comments, action taken, and justification of action:					
	Proposal:	Proposal made by:		Action taken: Removed/Added/Not included/Noted	Justification:
1.	Remove Research Institute of the Care of Older People (RICE)	NICE Secretariat		Not included	This organisation's interests are not closely related to the appraisal topic and as per our inclusion criteria. Research Institute of the Care of Older People (RICE) has not been included in the matrix of consultees and commentators.

2.	Remove Commissioning Support Appraisals Service (CSAS)	Nice Secretariat		Not included	This organisation's interests are not closely related to the appraisal topic and as per our inclusion criteria. Commissioning Support Appraisals Service (CSAS) has not been included in the matrix of consultees and commentators.
3.	Add National Collaborating Centre for Women's and Children's Health	NICE Secretariat/Clinical Guidelines		Added	This organisation has an area of interest closely related to this appraisal topic and meets the selection criteria to participate in this appraisal. National Collaborating Centre for Women's and Children's Health has been added to the matrix of consultees and commentators under 'Associated Guideline Groups'.