NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Interventional Procedures Programme

Professional Expert questionnaire

Before completing this questionnaire, please read Conflicts of Interest for Specialist

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Please respond in the boxes provided.		
Please complete and return to: aza	d.hussain@nice.org.uk and IPSA@n	ice.org.uk
Procedure Name:	IP1789 Laser lithotripsy for difficultion bile duct stones	ult-to-treat
Name of Professional Expert:	Terry Wong	
Job title: CONSULTANT GASTROI	ENTEROLOGIST	
Professional Regulatory Body:	GMC	
	Other (specify)	
Registration number:3497270		
Specialist Society: BSG		
Nominated by (if applicable):		
1 About you and your speciality's involvement with the procedure		
.1 Do you have adequate knowledge of this procedure to provide advice?		
⊠ Yes.		
No – please answer no more questions and return the form		
Comments:		
I do about 30 EHL procedures per year, and my unit does 40-50 per year		
I.2 Is this procedure relevant to your specialty?		

1

	Yes.
	No - please answer no more questions. Please give any information you can about who is likely to be doing the procedure and return the form.
Com	ments:
bile d	Guys and St. Thomas' Hospital is a tertiary referral unit for difficult common uct stones- stones that have failed conventional therapies
1.3	Is this procedure performed by clinicians in specialities other than your own?
	Yes – please comment
	No
Com	nents:
1.4	If you are in a specialty that does this procedure, please indicate your experience with it:
	I have never done this procedure.
	I have done this procedure at least once.
	I do this procedure regularly.
Comi	nents:
urolo	e regularly performed EHL for bile duct stones, and have observed my gy colleagues doing laser lithotripsy for renal stones. I will be starting lithotripsy in the near future-
1.5	If your specialty is involved in patient selection or referral to another specialty for this procedure, please indicate your experience with it.
	I have never taken part in the selection or referral of a patient for this procedure.
	I have taken part in patient selection or referred a patient for this procedure at least once.
\boxtimes	I take part in patient selection or refer patients for this procedure regularly.
Comi	nents:

1.0	(please choose one or more if relevant):	
	I have done bibliographic research on this procedure.	
	I have done research on this procedure in laboratory settings (e.g. device-related research).	
	I have done clinical research on this procedure involving patients or healthy volunteers.	
	I have had no involvement in research on this procedure.	
	Other (please comment)	
Com	ments:	
1.7	Please estimate the proportion of doctors in your specialty who are doing this procedure (choose one):	
	More than 50% of specialists engaged in this area of work.	
	10% to 50% of specialists engaged in this area of work.	
\boxtimes	Fewer than 10% of specialists engaged in this area of work.	
	Cannot give an estimate.	
Com	ments:	
2	About the procedure	
2.1	Does the title used above describe the procedure adequately?	
\boxtimes	Yes	
	No - If no, please suggest alternative titles.	
Com	nments:	
2.2	Which of the following best describes the procedure (choose one):	
	Established practice and no longer new. 3	
	U	

	A minor variation on an existing procedure, which is unlikely to alter the procedure's safety and efficacy.	
	Definitely novel and of uncertain safety and efficacy.	
	The first in a new class of procedure.	
Com	nments:	
	uld say that this is novel to the UK, but the safety and efficacy is established dwide	
2.3	What is/are the best comparator(s) (standard practice) for this procedure?	
Mechanical lithotripsy Electrohydraulic Lithotripsy		
2.4	Are there any major trials or registries of this procedure currently in progress? If so, please list.	
No		
2.5	Please list any abstracts or conference proceedings that you are aware of that have been <i>recently</i> presented / published on this procedure (this can include your own work). Please note that NICE will do a comprehensive literature search on this procedure and we are only asking you for any very recent or abstracts or conference proceedings which might not be found using standard literature searches. You do not need to supply a comprehensive reference list but it will help us if you list any that you think are particularly important.	
Brewer Gutierrez OI, Bekkali NLH, Raijman I, et al. Efficacy and Safety of Digital Single-Operator Cholangioscopy for Difficult Biliary Stones. <i>Clin Gastroenterol Hepatol</i> . 2018;16(6):918-926.e1. doi:10.1016/j.cgh.2017.10.017 Chol		
3	Safety and efficacy of the procedure	
3.1	What are the potential harms of the procedure?	
	se list any adverse events and major risks (even if uncommon) and, if possible, nate their incidence:	
Adverse events reported in the literature (if possible please cite literature)		
Cholangitis, pancreatitis		
Anecdotal adverse events (known from experience)		

Theoretical adverse events Bile duct damage

3.2 Please list the key efficacy outcomes for this procedure?

Stone clearance

3.3 Please list any uncertainties or concerns about the *efficacy* of this procedure?

NIL

3.4 What clinician training is required to do this procedure safely?

The clinician has to be a tertiary referral ERCPist with a high volume of difficult to treat stones

3.5 What clinical facilities are needed to do this procedure safely?

General anaesthesia ERCP + Cholangioscopy

3.6 Is there controversy, or important uncertainty, about any aspect of the way in which this procedure is currently being done or disseminated?

No controversy

4 Audit Criteria

Please suggest potential audit criteria for this procedure.

4.1 Beneficial outcome measures. This should include short and long term clinical outcomes, quality-of-life measures and patient related outcomes. Please suggest the most appropriate method of measurement for each and the timescales over which these should be measured:

Procedural success rates and numbers of ERCPs required to clear stones. Surgical requirement

4.2 Adverse outcome measures. This should include early and late complications. Please state the post procedure timescales over which these should be measured.

30day pancreatitis, infection, mortality

5	Uptake of the procedure in the NHS
5.1	If it is safe and efficacious, in your opinion, how quickly do you think use of this procedure will be adopted by the NHS (choose one)?
	Rapidly (within a year or two).
	Slowly (over decades)
	I do not think the NHS will adopt this procedure
Con	nments:
5.2	If it is safe and efficacious, in your opinion, will this procedure be carried out in (choose one):
	Most or all district general hospitals.
	A minority of hospitals, but at least 10 in the UK.
	Fewer than 10 specialist centres in the UK.
	Cannot predict at present.
Con	nments:
-	If it is safe and efficacious, in your opinion, the potential impact of this cedure on the NHS, in terms of numbers of patients eligible for treatment use of resources:
	Major.
	Moderate.
	Minor.
Con	nments:
6	Other information
6.1	Is there any other information about this procedure that might assist NICE in assessing the possible need to investigate its use?

Comments:

See BSG guidelines on the management of CBD stones

7 Data protection and conflicts of interest

7.1 Data Protection

The information you submit on this form will be retained and used by the NICE and its advisers for the purpose of developing its guidance and may be passed to other approved third parties. Your name and specialist society will be published in NICE publications and on the NICE website. The professional expert questionnaire will be published in accordance with our guidance development processes and a copy will be sent to the nominating Specialist Society. Please avoid identifying any individual in your comments.

I have read and understood this statement and accept that personal information sent to us will be retained and used for the purposes and in the manner specified above. For more information about how we process your personal data please see our privacy notice

7.2 Declarations of interest by Specialist Advisers advising the NICE Interventional Procedures Advisory Committee

Nothing in your submission shall restrict any disclosure of information by NICE that is required by law (including in particular, but without limitation, the Freedom of Information Act 2000).

Please submit a conflicts of interest declaration form listing any potential conflicts of interest including any involvement you may have in disputes or complaints relating to this procedure.

Please use the "Conflicts of Interest for Specialist Advisers" policy as a guide when declaring any conflicts of interest. Specialist Advisers should seek advice if needed from the Associate Director – Interventional Procedures. Conflicts of Interest for Specialist Advisers

Declarations of interest form			
Type of interest	Description of interest	Relevant dates	
		Interest arose	Interest ceased
Unrestricted educational grant	£3000.00 in to GSTT charitable fund from Boston Scientific	Feb 2020	

^{*} Guidance notes for completion of the Declarations of interest form

Name and role	Insert your name and your position in relation to your role within NICE	
Description of interest		
	Types of interest:	
	Direct interests	
	Financial interests - Where an individual gets direct financial benefits from the consequences of a decision they are involved in making. For examples of financial interests please refer to the policy on declaring and managing interests.	
	Non-financial professional and personal interests - Where an individual obtains a non-financial professional or personal benefit, such as increasing or maintaining their professional reputation, from the consequences of a decision they are involved in making. For examples of non-financial interests please refer to the policy on declaring and managing interests.	
	Indirect interests - Where there is, or could be perceived to be, an opportunity for a third party associated with the individual in question to benefit.	
	A benefit may arise from both a gain or avoidance of a loss.	
Relevant dates	Detail here when the interest arose and, if applicable, when it ceased.	
Comments	This field should be populated by the guidance developer and outline the action taken in response to the declared interest. It should include the rationale for this action, and the name and role of the person who reviewed the declaration.	

Thank you very much for your help.

Dr Tom Clutton-Brock, Interventional Procedures Advisory Committee Chair Programme Director