

National Institute for Health and Care Excellence
IP1745 Genicular artery embolisation for pain from knee osteoarthritis

IPAC date: 12 August 2021

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response
1	Consultee 1 Company CrannMed	Lay description	The tiny particles can be made from materials other than plastic. Current embolic materials are made from materials such as pig gelatin, and CrannMed has an embolic particle made from Alginate in development.	Please respond to all comments Thank you for your comment. 'Plastic' has been removed from the lay description.
2	Consultee 1 Company CrannMed	1.1	We (CrannMed) strongly believe the benefit of the procedure out-weighs the risks in its current format, however we believe that procedural related adverse events could be further reduced with the availability and use of short term resorbable beads. We further believe the use of these beads will provide additional long term patient benefit in preserving maximum peripheral vascular flow to the lower leg. CrannMed is actively developing such a bead.	Thank you for your comment. Section 3.7 has been added: <i>"The committee was informed that resorbable embolic particles might be available and used for the treatment of knee osteoarthritis in the future."</i>

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3	Consultee 1 Company CrannMed	2.7	While the delivery time of the embolic is typically 45 to 90 minutes, the total procedure time (including patient preparation and immediate post-procedure monitoring) is typically 180 minutes.	Please respond to all comments Thank you for your comment. We have reported the typical procedural time and Section 2.7 has been changed to: <i>'This procedure takes approximately 1 to 2 hours to complete.</i>
4	Consultee 2 Royal College of Physicians and Surgeons of Glasgow	General	The College encourages research into new procedures which may benefit patients and streamline services to make them more effective Our expert reviewer considered that the procedure was very much in the experimental stage and should not be approved for general use. The rationale for the procedure is also unproven. It should only be used as part of a prospective randomised controlled study. It is possible the embolic procedure may increase pain and discomfort. We therefore consider it should only be used in an approved study with collection of results in a systematic way and should not be used in ordinary practice currently.	Thank you for your comment.

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5	Consultee 2 Royal College of Physicians and Surgeons of Glasgow	2.2	The proposed rationale is a hypothesis which may not be confirmed.	Thank you for your comment. Section 2.2 has been changed to: <i>“Angiogenesis may contribute to inflammation, structural damage and pain. This is because the increased vascular network carries inflammatory cells to the synovium and other joint tissues and promotes additional hyperplasia and inflammation in other vessels, leading to bone and cartilage destruction. Angiogenesis also enables the growth of new unmyelinated sensory nerves, which contributes to pain.”</i>
6	Consultee 2 Royal College of Physicians and Surgeons of Glasgow	2.3	Hyaluronic acid has not been recommended by NICE since it was assessed in 2014. The current recommendations for treatment in “Osteoarthritis: Care and Management” dated Dec 2020 does not recommend its use. However intra-articular steroids are recommended and are not included in this paper.	Thank you for your comment. ‘Hyaluronic acid injections’ has been changed to ‘intra-articular steroids’: <i>“For pain secondary to knee osteoarthritis, various treatments are available including nonpharmacological (such as physiotherapy), pharmacological (such as analgesics and intra-articular steroids) and surgical approaches (such as knee arthroplasty).”</i>

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