

**NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE**

**Single Technology Appraisal (STA)**

**Apixaban for the prevention of venous thromboembolism in people undergoing elective knee and hip replacement surgery**

Thank you for agreeing to give us your views on the technology and the way it should be used in the NHS.

Patients and patient advocates can provide a unique perspective on the technology, which is not typically available from the published literature.

To help you give your views, we have provided a template. The questions are there as prompts to guide you. You do not have to answer every question. Please do not exceed the 8-page limit.

**About you**

**Your name: Diane Eaton**

**Name of your organisation: Anticoagulation Europe**

**Are you (tick all that apply):**

- a patient with the condition for which NICE is considering this technology?
- a carer of a patient with the condition for which NICE is considering this technology?
- an employee of a patient organisation that represents patients with the condition for which NICE is considering the technology? If so, give your position in the organisation where appropriate (e.g. policy officer, trustee, member, etc) **YES, PROJECT DEVELOPMENT MANAGER**
- other? (please specify)

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**What do patients and/or carers consider to be the advantages and disadvantages of the technology for the condition?**

**1. Advantages**

(a) Please list the specific aspect(s) of the condition that you expect the technology to help with. For each aspect you list please describe, if possible, what difference you expect the technology to make.

- Treatment option/alternative for the prevention of a thrombotic event in people undergoing elective surgery for hip and knee surgery.

Orally administered

(b) Please list any short-term and/or long-term benefits that patients expect to gain from using the technology. These might include the effect of the technology on:

- the course and/or outcome of the condition
- physical symptoms
- pain
- level of disability
- mental health
- quality of life (lifestyle, work, social functioning etc.)
- other quality of life issues not listed above
- other people (for example family, friends, employers)
- other issues not listed above.

- Protection and prevention of potential clotting episode and possible DVT complications
- Minimises hospital stay(removes risk of hospital induced infections)
- Bleeding events
- Ease of use – oral medication –easy for patient and carers to administer
- No monitoring required
- Avoidance of needles(as required by heparin type medications)

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**What do patients and/or carers consider to be the advantages and disadvantages of the technology for the condition? (continued)**

**2. Disadvantages**

Please list any problems with or concerns you have about the technology.

Disadvantages might include:

- aspects of the condition that the technology cannot help with or might make worse.
- difficulties in taking or using the technology
- side effects (please describe which side effects patients might be willing to accept or tolerate and which would be difficult to accept or tolerate)
- impact on others (for example family, friends, employers)
- financial impact on the patient and/or their family (for example cost of travel needed to access the technology, or the cost of paying a carer).

- Only disadvantage is of non-suitability for patients who are unlikely to be able to take this medication for other health reasons?

3. Are there differences in opinion between patients about the usefulness or otherwise of this technology? If so, please describe them.

Patients will welcome an alternative drug which can be orally administered and does not rely on regular monitoring. Patient can be discharged from hospital and able to administer own medication (or by carers) post operatively knowing that the medication can prevent thrombotic events after a high risk invasive surgery.

4. Are there any groups of patients who might benefit **more** from the technology than others? Are there any groups of patients who might benefit **less** from the technology than others?

Benefits – patients who are unable to tolerate other anticoagulants – LMWH. Fondaparinux and those who may be needle phobic and would need to have carers or healthcare professionals on board to continue administration of these types of meds post discharge (Cost implications to the NHS and inconvenience and responsibility of non – professional healthcarer i.e Family member)

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**Comparing the technology with alternative available treatments or technologies**

NICE is interested in your views on how the technology compares with existing treatments for this condition in the UK.

Daabigatran etexilate and Rivaroxaban are now recommended for use within NICE guidelines and can be administered post surgery and then continued after discharge. LMWH has to be injected and monitored and therefore may require further time spent in hospital (cost, inconvenience and well being issues for patient)

(i) Please list any current standard practice (alternatives if any) used in the UK.

- Current practice appears to include introduction of mechanical prophylaxis in addition to pharmacological methods such as subcutaneous injections in sensitive areas.(stomach/thigh)

(ii) If you think that the new technology has any **advantages** for patients over other current standard practice, please describe them. Advantages might include:

- improvement in the condition overall
- improvement in certain aspects of the condition
- ease of use (for example tablets rather than injection)
- where the technology has to be used (for example at home rather than in hospital)
- side effects (please describe nature and number of problems, frequency, duration, severity etc.)

- Less invasive – no needles
- Easy to administer – orally
- May shorten hospital inpatient time
- Well being of patient – awareness that the treatment can be continued at home without the need for monitoring( further blood tests at GP/hospital)

(iii) If you think that the new technology has any **disadvantages** for patients compared with current standard practice, please describe them. Disadvantages might include:

- worsening of the condition overall
- worsening of specific aspects of the condition
- difficulty in use (for example injection rather than tablets)
- where the technology has to be used (for example in hospital rather than at home)
- side effects (for example nature or number of problems, how often, for how long, how severe).

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Disadvantages	
	<ul style="list-style-type: none"><li>Any particular side effect which may present post administration. New generation of anticoagulants – all unknown contra –indications will need to be reported</li></ul>
	<ul style="list-style-type: none"><li>No antidote</li></ul>
	<ul style="list-style-type: none"><li>Patient adherence on release from hospital</li></ul>

**Research evidence on patient or carer views of the technology**

If you are familiar with the evidence base for the technology, please comment on whether patients' experience of using the technology as part of their routine NHS care reflects that observed under clinical trial conditions.

**N/A**

Are there any adverse effects that were not apparent in the clinical trials but have come to light since, during routine NHS care?

Are you aware of any research carried out on patient or carer views of the condition or existing treatments that is relevant to an appraisal of this technology? If yes, please provide references to the relevant studies.

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**Availability of this technology to patients in the NHS**

What key differences, if any, would it make to patients and/or carers if this technology was made available on the NHS?

- Alternative to existing anticoagulants available

- Oral medication – ease of administration

- No external monitoring required – cost of blood test and monitoring protocols required by other anti- coags.

- Less interactive with other drugs and diet

- Quality of well –being to patient – choice

- Continuing protection post surgery and discharge during a high risk period after this type of surgery

What implications would it have for patients and/or carers if the technology was **not** made available to patients on the NHS?

- Lack of choice for patient

- Risk of event post surgery if not anticoagulated adequately

- Resistance to medical advancement

Are there groups of patients that have difficulties using the technology?

- Those who may be pre-assessed as not being able to take this drug(interactions or sensitivity)

- Patients with known thrombotic disorders who benefit from taking an existing anticoagulant such as warfarin(which in certain conditions increases anticlotting agents in the blood)

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**Equality**

Are there any issues that require special attention in light of the NICE's duties to have due regard to the need to eliminate unlawful discrimination and promote equality and foster good relations between people with a characteristic protected by the equalities legislation and others?

**None known**

**Other Issues**

Please include here any other issues you would like the Appraisal Committee to consider when appraising this technology.