

National Institute for Health and Clinical Excellence

Single Technology Appraisal (STA)

Rivaroxaban for the prevention of stroke and systemic embolism in people with atrial fibrillation

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	<p>Atrial fibrillation (AF) is the most common sustained cardiac arrhythmia^{1,2}. The prevalence of AF is increasing due to an aging population and increasing survival from conditions predisposing to AF³.</p> <p>The annual risk of stroke is five to six times greater in AF patients than in people with normal heart rhythm⁴. A stroke in patients with AF is associated with greater mortality, morbidity, and longer hospital stays than those without AF⁵. Strokes associated with AF also tend to cause greater disability and reduced discharge to the patient's own home⁶.</p> <p>The impairment associated with stroke can have a substantial negative impact on patients' quality of life.</p> <p>Approximately 86% of the estimated prevalent population with AF are considered to have a moderate to high risk of stroke and eligible for anticoagulation⁷.</p> <p>The evidence however suggests that there is considerable under-use of anticoagulants amongst patients with an established diagnosis of AF who are at high risk of stroke⁸.</p> <p>Warfarin, the main comparator, has a number of limitations, including:</p> <ul style="list-style-type: none"> ▪ A narrow therapeutic index with a fine balance between decreasing the risk of thrombosis and increasing the risk of haemorrhage ▪ The requirement for dose adjustment using frequent, inconvenient and costly INR monitoring ▪ Response influenced by diet, concomitant medications, herbal supplements, intercurrent illness 	Comment noted. The background section of the scope has been updated to reflect this information.

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		<p>Xarelto (rivaroxaban) is a once daily oral direct factor Xa inhibitor administered at a fixed dose. There is no requirement for routine monitoring of coagulation parameters during treatment with rivaroxaban⁹.</p> <p>The lack of coagulation monitoring requirements with rivaroxaban is more convenient for patients and healthcare practitioners than warfarin. A reduction in the need for frequent, costly and inconvenient monitoring may improve compliance, especially with long term treatment.</p> <p>As the prevalence of AF is increasing due to an aging population and increasing survival from conditions predisposing to AF, the demand for existing anticoagulation services would likely increase over time. The availability of rivaroxaban would be expected to assist in demand management and relieve the pressure on existing services.</p> <p>(1) National Institute for Health and Clinical Excellence. Atrial Fibrillation. The management of atrial fibrillation. Clinical Guideline Number 36. June 2006.</p> <p>(2) Lip G, Khoo CW. <i>Current Medical Research and Opinion</i> 2009;25(5):1261-3.</p> <p>(3) Murphy et al. <i>Heart</i> 2007;93:606-12.</p> <p>(4) NHS Improvement Programme. NHS Improvement - stroke. 2010. Available at: http://www.improvement.nhs.uk/stroke/NationalProjects/StrokePreventioninPrimaryCareAF/tabid/76/Default.aspx</p> <p>(5) Rietbrock et al. <i>American Heart Journal</i> 2008;156:57-64.</p> <p>(6) Cameron et al. <i>The Scottish Medical Journal</i> 2008;53(2):42-7.</p> <p>(7) National Institute for Health and Clinical Excellence. Atrial Fibrillation: the management of atrial fibrillation. Costing Report. Implementing NICE guidance in England. Clinical Guideline number 36. July 2006.</p> <p>(8) NHS Improvement Programme. Heart and Stroke Improvement. Commissioning for Stroke Prevention in Primary Care - The Role of Atrial Fibrillation. 2009. Available at: http://system.improvement.nhs.uk/ImprovementSystem/ViewDocument.aspx?path=Cardiac/NationalWebsite/AF_Commissioning_Guide.pdf (Last accessed: 22/3/2010).</p> <p>(9) Bayer Schering Pharma. Xarelto Summary of Product Characteristics. 2009.</p>	
	British Association	This is an appropriate topic for NICE Appraisal	Comment noted.

Section	Consultees	Comments	Action
	of Stroke Physicians (BASP)		No action required.
	NHS Berkshire East	Rivaroxaban does not currently have UK marketing authorisation for thromboprophylaxis in AF and this STA will be appropriate when this is issued.	Comment noted. No action required.
	British Cardiovascular Society	Very appropriate and product anticipated by clinical community, though existing review of dabigatran may be taken as "class recommendation" and so limit usefulness.	Comment noted. No action required.
	Royal College of Pathologists and BSH	Introduction of this technology (and/or related technologies) could result in a substantial change in practice in the UK. This will have significant implications for use of NHS resources and for the lifestyle of patients. Referral to NICE would be appropriate.	Comment noted. No action required.
	Atrial Fibrillation Association (AFA)	Yes, AFA believes it would. Current anti-coagulation choices are very limited a fraught with management challenges. This new treatment, the first in fifty years, at last offers a new and effective option to both clinicians and patients.	Comment noted. No action required.
	Medicines and Healthcare products Regulatory Agency	Guidance on the appropriateness of this intervention for preventing embolic complications of atrial fibrillation is of value	Comment noted. No action required.
	Commissioning Support Appraisals Service (CSAS)	Rivaroxaban does not currently have UK marketing authorisation for thromboprophylaxis in AF and this STA will be appropriate when this is issued.	Comment noted. No action required.
	Arrhythmia Alliance (A-A),	This new treatment is the first in fifty years to offer a positive and realistic alternative to similar medication treatments, such as warfarin. The main issue is for patients having	Comment noted. No action required.

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	The Heart Rhythm Charity	access to appropriate anti-coagulation management options. This new treatment offers an effective option suitable for a wide range of patients, that would have tremendously positive effects upon a patient's lifestyle, quality of life and reducing complications and clinical management. A-A would strongly encourage the use of Rivaroxaban as an appropriate topic for further discussion.	
Wording	Bayer plc	Please could the remit/ appraisal objective be reworded to reflect our proposed licence: "To appraise the clinical and cost effectiveness of rivaroxaban within its proposed indication for the prevention of stroke and non-CNS systemic embolism in people with non-valvular atrial fibrillation."	Comment noted. Consultees agreed at the workshop that the remit should be changed to reflect the proposed licence. The remit the scope has been updated. The scope has been amended accordingly.
	British Association of Stroke Physicians (BASP)	The wording is appropriate	Comment noted. No action required.
	NHS Berkshire East	The wording is appropriate	Comment noted. No action required.
	Royal College of Pathologists and BSH	The wording does not mention the cost and inconvenience of monitoring warfarin therapy and that this would not be required with Rivaroxaban. This is likely to be a major part of the cost-effectiveness judgement. However until (virtually) all patients discontinue warfarin it may be difficult to achieve savings by reduction in monitoring services.	Comment noted. The costs of monitoring warfarin therapy will be covered in the economic analysis

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			and so the remit does not need to be changed.
	Atrial Fibrillation Association (AFA)	It is difficult to reflect the complete costs incurred through current v new technology. There is little hard data to include the impact of current costs on frequent appointments / travel / loss of earnings for a patient. Nor the cost incurred through unsuccessful management of anti-coagulation thus leading to the event of a stroke. These are important costs that should be considered.	Comment noted. The costs incurred to the NHS and PSS will be included in the economic analysis. However, productivity costs and costs borne by patients and carers that are not reimbursed by the NHS or PSS are not included in the analysis.
	Commissioning Support Appraisals Service (CSAS)	The wording is appropriate	Comment noted. No action required.
	Arrhythmia Alliance (A-A), The Heart Rhythm Charity	This is perhaps the most arduous challenge for the appraisal as there are numerous groups and timeframes to consider. It is important that costs are clearly defined in terms of immediate treatment and long term management for both the NHS and the patient. It is also important to consider that an initial treatment cost which may be higher for a new technology is offset by preventing the emergency or ongoing management of a patient at other points of care.	Comment noted. No action required.
Timing Issues	Bayer plc	Dabigatran etexilate is an oral direct thrombin inhibitor that is anticipated to be launched in this indication approximately 6 months before rivaroxaban. Dabigatran is	Comment noted. No action required.

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		being appraised by NICE as part of the 21st wave and therefore it would be in the interest of the NHS and general public for recommendations for these products to be available as close together as possible.	
	British Association of Stroke Physicians (BASP)	As indicated in the draft scope, there are ongoing relevant single technology appraisals, and there are an anticipated number of alternatives to warfarin in development	Comment noted. No action required.
	NHS Berkshire East	████████████████████	Comment noted. No action required.
	Royal College of Pathologists and BSH	Not yet licensed for this indication. The major relevant trial will report later this year. Consideration should not be delayed but clearly not ready for this yet.	Comment noted. No action required.
	Atrial Fibrillation Association (AFA)	Currently it is thought that approximately 50% of all those at high risk of stroke and who should be suitably anti-coagulated, are not. There are a number of reasons for this: poor understanding of the real risks / fear of current options / costs and impact on life style restrictions due to current options. In light of this appraisal of this new option is urgent in order to avoid further stroke, misery, suffering and preventable deaths.	Comment noted. No action required.
	Medicines and Healthcare products Regulatory Agency	It is helpful to have guidance on this intervention as soon as it is licensed	Comment noted. NICE aims to provide guidance to the NHS as close to the marketing authorisation as possible.
	Commissioning Support Appraisals	████████████████████	Comment noted. No action required.

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	Service (CSAS)		
	Arrhythmia Alliance (A-A), The Heart Rhythm Charity	<p>Due to the limited availability of existing treatments and the potential significant benefits of Rivaroxaban upon a patient's reduced risk of further stroke and their ability to maintain a healthy therapeutic level, we would encourage a quick review of this new treatment.</p> <p>The trials have shown Rivaroxaban to safely reduce stroke risk, whilst maintaining the patient's quality of life with minimal management; this could be a welcome life changing medication.</p>	Comment noted. NICE aims to provide guidance to the NHS as close to the marketing authorisation as possible.
Additional comments on the draft remit			

Comment 2: the draft scope

Section	Consultees	Comments	Action
Background information	Bayer plc	<p>It is unclear where the figures for the numbers of stroke and the outcomes of stroke are sourced from. Of note, they significantly differ from those in the dabigatran scope despite addressing the same patient population. Please could this be reviewed to ensure consistency?</p> <p>Could consideration be given to adding the following to the background please:</p> <ul style="list-style-type: none"> ➤ A stroke in patients with AF is associated with greater mortality, morbidity, and longer hospital stays than those without AF(1). ➤ In England, stroke is estimated to cost the economy around £7 billion per year. This comprises direct costs to the NHS of £2.8 billion, costs of informal care of £2.4 billion and costs because of lost productivity and disability of £1.8 billion(2). <p>The background section also currently refers to the management of patients at high risk and low risk of stroke, but does not mention management of those considered to be at moderate risk of stroke. NICE clinical guideline 36 recommends that those at a moderate risk of stroke can be considered for anticoagulation with warfarin or prescribed aspirin, with the decision made on an individual basis. We feel that this would be a useful addition to the background.</p> <p>(1) Rietbrock et al. <i>American Heart Journal</i> 2008;156:57-64. (2) London: Royal College of Physicians. National Collaborating Centre for Chronic Conditions. Stroke: national clinical guideline for diagnosis and initial management of acute stroke and transient ischaemic attack (TIA). 2008.</p>	<p>The figures are from the Stroke Association website and are more recent than those in the dabigatran scope. The background section has been updated to include the greater mortality, morbidity and longer hospital stays following a stroke in people with AF. Also the information from NICE clinical guideline 36 about the management of patients with a moderate risk of stroke has been added. Costs of particularly illnesses or diseases are not normally included in the scope and so this information has not been included.</p>

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	British Association of Stroke Physicians (BASP)	This is appropriate	Comment noted. No action required.
	NHS Berkshire East	The information is accurate	Comment noted. No action required.
	British Cardiovascular Society	OK	Comment noted. No action required.
	Royal College of Pathologists and BSH	The background information could be improved by adding the annualised stroke risk(s) for patients with atrial fibrillation and use of a risk stratification system (CHADS).	Comment noted. The background section is aimed to provide a brief overview of the illness or disease and it was not felt necessary to include details on the use of risk stratification.
	Atrial Fibrillation Association (AFA)	Good	Comment noted. No action required.
	Commissioning Support Appraisals Service (CSAS)	The information is accurate	Comment noted. No action required.
	Arrhythmia Alliance (A-A), The Heart Rhythm Charity	Very good	Comment noted. No action required.

Section	Consultees	Comments	Action
The technology/ intervention	Bayer plc	Please could you add in this section that rivaroxaban holds a UK marketing authorisation for prevention of venous thromboembolism (VTE) in adult patients undergoing elective hip or knee replacement surgery.	Comment noted. The scope provides information on the use of a technology in a particular indication. Information about other indications that the technology might be licensed for is not normally included unless directly relevant.
	British Association of Stroke Physicians (BASP)	This is appropriate	Comment noted. No action required.
	NHS Berkshire East	Yes	Comment noted. No action required.
	British Cardiovascular Society	Yes	Comment noted. No action required.
	Royal College of Pathologists and BSH	Yes	Comment noted. No action required.
	Atrial Fibrillation Association (AFA)	Good	Comment noted. No action required.
	Commissioning Support Appraisals Service (CSAS)	Yes	Comment noted. No action required.

Section	Consultees	Comments	Action
	Arrhythmia Alliance (A-A), The Heart Rhythm Charity	Good	Comment noted. No action required.
Population	Bayer plc	The population studied within the pivotal Phase III study, was patients with moderate to high risk of stroke as defined by NICE clinical guideline 36. The population should therefore read “adults with atrial fibrillation classified as being at moderate to high risk of stroke (according to the definitions in NICE clinical guideline number 36).	Comment noted. Consultees agreed at the workshop that the population should be stratified by risk of stroke. The scope has been updated accordingly.
	British Association of Stroke Physicians (BASP)	It is appropriate to consider the population with atrial fibrillation. However, in keeping with NICE guidance on atrial fibrillation, three risk populations are identified: high, intermediate and low	Comment noted. Consultees agreed during the workshop at the population should be stratified by risk of. The scope has been updated accordingly.
	NHS Berkshire East	Could consider adding risk stratification definition to the population description, e.g. adults with AF who are at moderate to high risk of thromboembolism. Rivaroxaban is likely to be considered primarily as an alternative to warfarin rather than alternative to antiplatelet therapy in people of low stroke risk who would not normally be considered for anticoagulation.	Comment noted. Consultees agreed at the workshop that the population should be stratified by risk of stroke. The scope has been updated accordingly.
	British Cardiovascular Society	Stratification by both stroke risk and bleeding risk might be appropriate.	Comment noted. Consultees agreed at the workshop that the population should be stratified by risk of stroke. They did not think that it was appropriate to stratify the population by risk of bleeding since people at a high risk of bleeding were excluded from the rivaroxaban trials.

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	Royal College of Pathologists and BSH	Since warfarin is not recommended for all patients with atrial fibrillation and the trial includes only high risk patients with AF, sub populations will need to be considered separately according to risk; as is done in the current NICE guideline.	Comment noted. Consultees agreed at the workshop that the population should be stratified by risk of stroke. The scope has been updated accordingly.
	Atrial Fibrillation Association (AFA)	VTE and ACS	Comment noted. Consultees at the scoping workshop considered that the population was appropriate but that it should be stratified by risk of stroke. The scope has been updated accordingly.
	Medicines and Healthcare products Regulatory Agency	In the study population, you may want to take into account baseline risk for stroke and cardiovascular events (affected by factors such as LDL-cholesterol, hypertension, gender, age, tobacco smoking and diabetes)	Comment noted. Consultees agreed at the workshop that the population should be stratified by risk of stroke. The scope has been updated accordingly.
	Commissioning Support Appraisals Service (CSAS)	Could consider adding risk stratification definition to the population description, e.g. adults with AF who are at moderate to high risk of thromboembolism. Rivaroxaban is likely to be considered primarily as an alternative to warfarin rather than alternative to antiplatelet therapy in people of low stroke risk who would not normally be considered for anticoagulation.	The consultees agreed at the workshop that the population should be stratified by risk of stroke. The scope has been updated accordingly.
Comparators	Bayer plc	We agree with the comparators suggested. Warfarin could be described as 'best alternative care'. We would like to propose that antiplatelets should be a comparator if they are being used in patients with moderate to high risk of stroke in whom warfarin has been considered unsuitable. Further specifying the antiplatelets, we would consider aspirin and the combination of aspirin and clopidogrel as potential comparators.	Comment noted. Consultees agreed at the workshop that antiplatelet agents would not be specified.

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	British Association of Stroke Physicians (BASP)	Warfarin is an appropriate comparator. Dabigatran is also a possible alternative to warfarin, and is currently being considered by another single technology appraisal. I think it is inappropriate to use such a broad term as 'anti-platelet agents'. Essentially, aspirin is the main comparator in this group. However, the ACTIVE Study assessed the combination of aspirin and clopidogrel, and again this comparator is the subject of an ongoing NICE single technology appraisal.	Comment noted. Consultees agreed during the workshop that antiplatelet agents would not be specified.
	NHS Berkshire East	Yes. Warfarin would be the primary comparator, and it is appropriate to specify antiplatelet agents (aspirin, dipyridamole or clopidogrel) for people in whom warfarin is unsuitable or inappropriate.	Comment noted. Consultees agreed during the workshop that antiplatelet agents would not be specified.
	British Cardiovascular Society	Yes – assuming wording refers to three discrete comparators : <ol style="list-style-type: none"> 1. Warfarin 2. In people for whom warfarin is unsuitable 3. Antiplatelet agents 	Comment noted. No action required.
	Royal College of Pathologists and BSH	The only direct comparison available will be with Warfarin.	Comment noted. No action required.
	Atrial Fibrillation Association (AFA)	At present the main options used clinically are warfarin, aspirin and aspirin plus clopidogrel or dipyridamole. There is a growth in the use of devices such as Amplatz and Watchman, and new drugs are due to be reviewed shortly, but are currently not available for use in this field.	Comment noted. No action required.
	Commissioning Support Appraisals Service (CSAS)	Yes. Warfarin would be the primary comparator, and it is appropriate to specify antiplatelet agents (aspirin, dipyridamole or clopidogrel) for people in whom warfarin is unsuitable or inappropriate.	Comment noted. The consultees agreed during the workshop that antiplatelet agents would not be specified.

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	Arrhythmia Alliance (A-A), The Heart Rhythm Charity	Currently, the standard options for treatment are warfarin and aspirin. While warfarin is inexpensive, it has tremendous impact upon a patient's lifestyle, NHS management costs and to the safety of a patient to remain in therapeutic range. This treatment would provide a good alternative to warfarin.	Comment noted. No action required.
Outcomes	Bayer plc	<p>Please could the second bullet point be reworded to say “non-central nervous system systemic embolism”.</p> <p>Please could transient ischaemic attack (TIA) be added as an outcome as this is an endpoint in the pivotal phase III study.</p> <p>NICE clinical guideline number 36 (The management of atrial fibrillation) refers to risk–benefit assessments being performed and discussed with patients to inform the decision whether or not to give antithrombotic therapy. Net clinical benefit analysis is pre-specified within the statistical analysis plan of the pivotal Phase III study. We consider that this should be added as an outcome.</p>	Comment noted. The second bullet as been amended as suggested and transient ischaemic attack has been added as an outcome. During the workshop, the consultees did not think that net clinical benefit should be added as an outcome, since they felt that it was already included in the outcomes currently listed in the scope.
	British Association of Stroke Physicians (BASP)	These are appropriate	Comment noted. No action required.
	NHS Berkshire East	Yes	Comment noted. No action required.
	British Cardiovascular Society	Yes	Comment noted. No action required.
	Royal College of Pathologists and BSH	Yes	Comment noted. No action required.

Section	Consultees	Comments	Action
	Atrial Fibrillation Association (AFA)	Reduction in stroke and systemic embolism whilst at the very least not increasing, but even possibly reducing, haemorrhagic complications.	Comment noted. No action required.
	Medicines and Healthcare products Regulatory Agency	The list of outcome measures does not include transient ischaemic attacks—the only CNS outcome mentioned is stroke	Comment noted. The consultees agreed during the workshop that transient ischaemic attacks should be added as an outcome.
	Commissioning Support Appraisals Service (CSAS)	Yes	Comment noted. No action required.
	Arrhythmia Alliance (A-A), The Heart Rhythm Charity	The broader social-economic impact should also be considered in the assessment of outcomes.	Comment noted. The costs incurred to the NHS and PSS will be included in the economic analysis. However, productivity costs and costs borne by patients and carers that are not reimbursed by the NHS or PSS are not included in the perspective of a NICE appraisal.
Economic analysis	Bayer plc	The appropriate time horizon is lifetime.	Comment noted. No action required.
	British Association of Stroke Physicians (BASP)	This is appropriate	Comment noted. No action required.

Section	Consultees	Comments	Action
	NHS Berkshire East	Cost effectiveness compared with warfarin is important. Rivaroxaban does not require therapeutic monitoring. Management of adverse effects, particularly haemorrhage, should be considered.	Comment noted. No action required.
	Royal College of Pathologists and BSH	The technology and comparator are both administered as long term therapy. Any reasonably long period of time would be satisfactory.	Comment noted. No action required.
	Commissioning Support Appraisals Service (CSAS)	Cost effectiveness compared with warfarin is important. Rivaroxaban does not require therapeutic monitoring. Management of adverse effects, particularly haemorrhage, should be considered.	Comment noted. No action required.
	Arrhythmia Alliance (A-A), The Heart Rhythm Charity	It is good to look at current costs, compared with similar treatments available. This will help to provide a marker of comparison for immediate implementation and ongoing cost outlay/savings of an alternative treatment.	Comment noted. No action required.
Equality and Diversity	Bayer plc	We do not consider there to be any relevant issues.	Comment noted. No action required.
	British Association of Stroke Physicians (BASP)	There are no specific equality issues	Comment noted. No action required.
	NHS Berkshire East	No issues	Comment noted. No action required.
	Royal College of Pathologists and BSH	None	Comment noted. No action required.
	Atrial Fibrillation Association (AFA)	None that I am aware of.	Comment noted. No action required.

Section	Consultees	Comments	Action
	Commissioning Support Appraisals Service (CSAS)	No issues	Comment noted. No action required.
	Arrhythmia Alliance (A-A), The Heart Rhythm Charity	Areas of socio-economic depravity will affect patient access to a new treatment, in terms of the patient knowing/being able to access care.	Comment noted. No action required.
Innovation		No comments received.	
Other considerations	Bayer plc	<p>Please could the following be added (as per the scope for dabigatran in this indication):</p> <p>“Consideration should be given to the potential advantage of rivaroxaban in terms of its lower requirement for therapeutic monitoring”.</p> <p>We would also consider pre-specifying the following sub-groups at this stage of the appraisal process, if evidence allows:</p> <ul style="list-style-type: none"> ➢ Patients who are not, or are not optimally, treated with warfarin ➢ Patients with a higher risk of stroke 	<p>Comment noted. Consultees at the workshop agreed that the additional sentence referring to the lower requirement for therapeutic monitoring could be added to the other considerations section. They also agreed that the following subgroup should be considered: ‘people who have not been previously treated with warfarin’. The scope has been updated accordingly. Consultees did not think that it would be possible to define people who were not optimally treatment with warfarin, therefore this has not been included as a subgroup.</p>

Section	Consultees	Comments	Action
	British Association of Stroke Physicians (BASP)	None	
	NHS Berkshire East	The scheme for risk stratification as proposed in the NICE AF guidance will need review in the context of this and dabigatran STA guidance	Comment noted. The expected review date for NICE clinical guideline 36 is June 2011.
	Royal College of Pathologists and BSH	None	
	Atrial Fibrillation Association (AFA)	None	
	Commissioning Support Appraisals Service (CSAS)	The scheme for risk stratification as proposed in the NICE AF guidance will need review in the context of this and dabigatran STA guidance	Comment noted. The expected review date for NICE clinical guideline 36 is June 2011.
	Arrhythmia Alliance (A-A), The Heart Rhythm Charity	None	
Questions for consultation	Bayer plc	Please see the section on outcomes above. The submission will be based on the results of the pivotal Phase III study. NCT00403767. Details of the study can be found at: www.clinicaltrials.gov/ct2/show/NCT00403767?term=rivaroxaban+atrial+fibrillation&rank=4	Comment noted. No action required.

Section	Consultees	Comments	Action
	British Association of Stroke Physicians (BASP)	Please see responses detailed above	Comment noted. No action required.
	British Cardiovascular Society	<p>Comparators listed are use routinely. Antiplatelet use is predominantly aspirin and there is uncertainty over optimal dose. Clopidogrel and combination also used.</p> <p>Recommend examining across whole range of AF population but sub-stratify based on validated stroke and bleeding risk scores.</p> <p>Potential benefit : greater use (less contra-indications); greater patient acceptability; potential reduced bleeding risk</p>	Comment noted. As mentioned in the population section, the consultees agreed that the population should be stratified according to risk of stroke but not risk of bleeding.
	Royal College of Pathologists and BSH	The new technology is likely to be similarly effective to warfarin but to be more expensive. The challenge for the committee will be to assess the savings for the NHS and the improvement in quality of life resulting from a more reliable dose-response relationship and the lack of need for monitoring.	Comment noted. No action required.
	Atrial Fibrillation Association (AFA)	<p>Reduction in stroke and systemic embolism whilst at the very least not increasing, but even possibly reducing, haemorrhagic complications.</p> <p>~ Clinical trial data</p> <p>~ Warfarin under/misuse data</p> <p>~ Data relating to other uses for warfarin, particularly if costs effectiveness arguments rest on the current infrastructure that is needed for control of warfarin therapy</p>	Comment noted. No action required.

Section	Consultees	Comments	Action
	Arrhythmia Alliance (A-A), The Heart Rhythm Charity	Reduction in stroke and systemic embolism <ul style="list-style-type: none"> • Third sector organisations (patient representatives) • Clinical trial data • Warfarin under/misuse data 	Comment noted. No action required.
Additional comments on the draft scope.	Bayer plc	We consider it appropriate that rivaroxaban is being considered through the STA process as this will allow early evaluation and timely guidance for the NHS.	Comment noted. No action required.
	British Association of Stroke Physicians (BASP)	None	
	British Cardiovascular Society	STA process appropriate	Comment noted. No action required.
	Atrial Fibrillation Association (AFA)	It would be a very great pity if this and other possible new options are not included integrated into the 2011 AF guideline. There is now a very good opportunity to significantly reduce the occurrence of stroke in certain groups. This will save the NHS considerable expenditure and will massively improve the life quality and life expectancy of patients with AF and seen to be at high risk of suffering a stroke.	Comment noted. The expected review date for NICE clinical guideline 36 is June 2011.
	Arrhythmia Alliance (A-A), The Heart Rhythm Charity	In the current climate of re-structuring NHS finances and the high prioritisation for Atrial Fibrillation in DoH strategy, it would be advantageous to consider the lasting benefits of a treatment that will positively impact upon the patients' quality of life as well as the associated costs of managing AF, stroke and systemic embolism. It would be timely for a review to coincide with NICE Quality Standards and AF guidelines for 2011.	Comment noted. No action required.

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

Royal College of Nursing
The Department of Health
The Stroke Association
NHS Quality Improvement Scotland
Welsh Assembly Government