

Dear Sir

This is a response from the British Thoracic Society to the NICE STA: Cystic fibrosis - mannitol [ID85] - Appraisal Consultation Document (ACD)

The conclusions of this NICE STA are disappointing. The decision that 'Mannitol is not recommended for the treatment of cystic fibrosis in adults as an add-on therapy to best standard of care' seems to be a rather strong statement when the committee concluded 'that mannitol has a positive clinical effect on lung function in the short term but there was uncertainty about the magnitude of the effect of mannitol....'. (Section 4.15).

We note that NICE has reviewed the data in detail, and the analysis of the data seems accurate: The study by Bilton et al Eur Resp J 2011;38:1071-1080 showed favourable results for FEV1 and exacerbations; The study by Aitken et al (Am J Resp Crit Care med 2012;185:645-652) also suggested favourable effects, although it must be acknowledged that they did not reach statistical significance, and NICE has discussed this in detail.

The British Thoracic Society's view is that these results should encourage use of mannitol in specialist CF centres with assessment of benefits in individual patients, rather than the decision that this is 'not recommended' which we would regard as too strong an interpretation of the clinical evidence discussed. We note that the cost-effectiveness analysis is, of course, highly complex and not entirely convincing.

Best wishes

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