



Macular degeneration (age-related) - pegaptanib and ranibizumab:

Appraisal consultation 2

This is a response from the Association of British Dispensing Opticians (ABDO), Association of Optometrists (AOP), the College of Optometrists and the Federation of Ophthalmic & Dispensing Opticians (FODO).

Together ABDO, AOP, the College and FODO represent the 10,000 optometrists, over 5,000 dispensing opticians and optical businesses in the UK who provide high quality and accessible eye care services to the whole population.

We welcome the significant change in emphasis contained in the revised draft guidance, the basis of the second consultation process. In particular we welcome the new recommendation that treatment may be initiated when vision loss due to “wet” AMD is first diagnosed, rather than when it is diagnosed in the second affected eye.

However we do feel that certain aspects of the revised guidance still fail to provide the best care for patients and continue unnecessarily to restrict the clinical options for ophthalmologists.

We believe that the treatment criteria which require that:

“the best-corrected visual acuity is better than 6/60”

and

“there is evidence of recent presumed disease progression (blood vessel growth, as indicated by fluorescein angiography, or recent visual acuity changes)”

serve no clinical purpose, providing very marginal, or no, cost benefits. Firstly evidence shows that patients with a visual acuity worse than 6/60 may still benefit from treatment. Secondly we strongly believe that diagnosis based on fluorescein angiography and any visual acuity loss should be sufficient for treatment to commence. Including a criterion that requires the patient to suffer further, and unnecessary, visual impairment before they are acceptable for treatment once again seems inherently unfair and offers no real benefit to the NHS. Early intervention of treatment is, we believe cost effective for the NHS given the high level of the cost of blindness. In 2003 An Analysis of the Costs of Visual Impairment and Blindness in the UK commissioned by the Guide Dogs for the Blind Association put the cost to the state at £8.8 billion each year. Incidentally, we note that paragraph 4.3.8 of the draft guidance contains an incorrect definition of blindness.

Although the Appraisal Committee's preliminary recommendations don't appear to include it we believe that the final guidance should include a recommendation that treatment with anti-VEGF agents, including ranibizumab, should be limited to ophthalmic units with expertise in the treatment and assessment of AMD and who have access to the necessary technology such as fluorescein angiography and optical coherence tomography.

Finally we would once again urge NICE to reconsider the decision only to approve Ranibizumab (Lucentis) and overlook Pegaptanib (Macugen). We believe that this restriction unnecessarily removes a legitimate alternative treatment which may suit some patients whilst conferring no real cost benefit.

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