

## Re: NICE Guidance CG147 update

The BSIR represents Interventional Radiologists in the UK, and welcomes the update of CG147.

We were however, surprised and disappointed to read that, despite the evidence review detailing an increasing body of evidence to support drug eluting technologies there was no change in the guidance relating to these.

Drug eluting balloons and stents are increasingly utilised globally by Interventional Radiologists as the primary specialists who make decisions (in consultation with patients) about the best treatments for this range of conditions.

Interventional radiologists are now very concerned that these treatments, currently recognised as a key component in the management of treating patients with peripheral arterial disease will be restricted. These are crucial in preventing surgery and amputations, and are freely available in both Europe and the USA. Removal of funding for these is likely to represent a false economy.

We are led to wonder how such a review of the data translated into essentially unchanged Guidance?

As you will be aware the Interventional Radiology community has been, and is, very supportive of the BASIL-3 Trial. Indeed many Interventional Radiologists were co-applicants for the trial funding, and remain the group delivering the treatments within the trial. We remain convinced that this is a useful trial, and that it will inform guidance of the future. However, we do not believe that we should deny patients access to these technologies for the next few years while these results are awaited. Our patients are very well aware of the existence of the devices, and ask us why we don't use them.

As you will be aware, treatment decisions for patients with peripheral vascular disease occur within a multi-disciplinary environment. We would respectfully suggest to NICE that these local MDTs be allowed to make use of their expertise, knowledge of their patients and their wishes, when considering the use of devices.

Guidance stating the uncertainty of the routine use of drug eluting technologies, recommending recruitment to BASIL-3, and giving the final decision to MDTs would therefore seem most appropriate.

BSIR Council

RCR, Lincoln Inn Fields, London

**President**

**Dr Raman Uberoi**  
Department of Radiology  
John Radcliffe Hospital  
Headley Way  
Oxford  
OX3 9DU  
0186 522 0816  
president@bsir.org

**Vice President**

**Dr Trevor Cleveland**  
Sheffield Vascular Institute  
Sheffield Teaching Hospitals  
Northern General Hospital  
Herries Road, Sheffield  
S5 7AU  
0114 226 6903  
vicepresident@bsir.org

**Treasurer**

**Dr Fiona Miller**  
Department of Diagnostic Imaging  
Peterborough City Hospital  
Bretton Gate  
Peterborough  
PE3 9GZ  
0183 367 7491  
treasurer@bsir.org

**Secretary**

**Dr Ian McCafferty**  
Department of Radiology  
Queen Elizabeth Hospital  
Mindelsohn Way, Edgbaston  
Birmingham  
B15 2WB  
0121 371 4285  
secretary@bsir.org

**BSIR Secretariat:** The Royal College of Radiologists, 63 Lincoln's Inn Field, London WC2A 3JW. Tel: +44(0)141 942 8104. Fax: +44(0)141 942 8278. Email: [office@bsir.org](mailto:office@bsir.org)