

From: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Sent: 09 January 2008 17:44

To: Christopher Feinmann

Cc: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Subject: Pregnancy - routine anti-D prophylaxis for rhesus negative

women (review of TA41)

Sensitivity: Confidential

Follow Up Flag: Follow up

Flag Status: Red

Dear colleagues

Thank you for inviting the RCOG to comment on this comprehensive Assessment Report. We have consulted with our specialist, Professor Steve Robson FRCOG, and would offer the following comments.

We note that the main differences from the prior review reflect:

- * the availability of a new licensed product (Rhophylac)
- * an updated cost-effectiveness analysis

Our specific 'issues' or points of fact are as follows:

- * 3.1.5 (p33/34) - the frequency of consultant review is dependent on level of risk (as determined by antibody concentration, Middle cerebral artery Doppler and past history). For many women this will entail weekly review particularly after 30 wk. Cardiotocography is not part of routine monitoring.

- * 3.3.1.1 (p40) - statement that RAADP may reduce post-delivery rubella immunisation is unreferenced (and quoted as a p.c. N Davies) - I queried this

last time! It needs something more substantive in terms of evidence if this is going to be retained.

* Table 25 - What is the basis for Unit cost of IUT being £93 and Total cost being £14 - we feel both are significant underestimates.

* Section 7 (p127) - ' a small sample of hospital data from one of our advisors suggests that a one-dose regime may be less likely to be supplied during routine antenatal visits and hence may incur additional cost for administration'. This is counter-intuitive and is a very important statement to make without any supporting evidence. Ultimately the choice between a 2 dose regime (D-Gam) or 1 dose regime (Rhophylac), which are deemed equally effective, is cost and deliverability/compliance.

If you wish to clarify any point please do not hesitate to contact us.

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