

Renal Stones

Consultation on draft scope – deadline for comments **17:00 on 17/02/17**

email: RenalStones@nice.org.uk

Please note:		Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly or arrive after the deadline.	
		<p>We would like to hear your views on these questions:</p> <ol style="list-style-type: none"> 1. Which interventions or forms of practice might result in cost saving recommendations if included in the guideline? <p>Developing NICE guidance: how to get involved has a list of possible areas for comment on the draft scope.</p>	
Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):		[Insert name of organisation here]	
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.		[Insert disclosure here]	
Name of person completing form:		[Insert your name here]	
Type		[for office use only]	
Comment No.	Page number or 'general' for comments on the whole document	Line number or 'general' for comments on the whole document	<p align="center">Comments</p> <p align="center">Insert each comment in a new row.</p> <p align="center">Do not paste other tables into this table, as your comments could get lost – type directly into this table.</p>
Example	3	55	The draft scope currently excludes people who have already been diagnosed. We feel this group should be included because....

1	General	General	<p>Please find below a summary of comments from the British HIV Association. The draft scope was circulated to our multi-disciplinary BHIVA Antiretroviral Treatment Guidelines Writing Group and the comments incorporate feedback from clinicians, pharmacists and patient representatives:</p> <p>.</p> <p>We suggest that HIV-positive individuals are included as one of the specific subgroups of people needing specific consideration, whether as a standalone topic or within a section on drug-related renal stones. HIV per se may increase the risk of renal stone formation and patients treated with the protease inhibitor class, in particular those on atazanavir, have a higher risk of renal stones. There is a higher risk of radiolucent stones which are poorly visible on CT and stones that are pure crystallised drug have been described. Based on this we suggest a low threshold for ureteroscopy for HIV-positive individuals presenting with renal colic with no visible stones on imaging to ensure radio-opaque stones are not missed and to enable stone analysis.</p>
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Add extra rows if needed

Checklist for submitting comments

- Use this form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include page and line number (not section number) of the text each comment is about.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, do not include attachments such as research articles, letters or leaflets. We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments.

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

Please add extra rows as needed

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