

Consultation on draft guideline – deadline for comments 5pm on Friday 29 November 2024

email: Tobacco_cytisine@nice.org.uk

Checklist for submitting comments

- Use this comments form and submit it as a **Word document (not a PDF)**.
- **Do not submit further attachments** such as research articles, or supplementary files. We return comments forms that have attachments without reading them. You may resubmit the form without attachments, but it must be received by the deadline. You are welcome to include links to research articles or provide references to them
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include **document name, page number and line number** of the text each comment is about.
- Combine all comments from your organisation into 1 response form. **We cannot accept more than 1 comments form from each organisation.**
- **Do not** paste other tables into this table – type directly into the table.
- Ensure each comment stands alone; **do not** cross-refer within one comment to another comment.
- **Clearly mark any confidential information or other material that you do not wish to be made public with underlining and highlighting. Also, ensure you state in your email to NICE, and in the row below, that your submission includes confidential comments.**
- **Do not name or identify any person or include medical information about yourself or another person** from which you or the person could be identified as all such data will be deleted or redacted.
- Spell out any abbreviations you use.
- **We have not reviewed the evidence for the recommendations shaded in grey. Therefore, please do not submit comments relating to these recommendations as we cannot accept comments on them.**
- **We do not accept comments submitted after the deadline stated for close of consultation.**

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. Where comments contain confidential information, we will redact the relevant text, or may redact the entire comment as appropriate.

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.

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	<p>Please read the checklist above before submitting comments. We cannot accept forms that are not filled in correctly.</p> <p>We would like to hear your views on the draft recommendations presented in the guideline, and any comments you may have on the rationale and impact sections in the guideline and the evidence presented in the evidence reviews documents. We would also welcome views on the Equality Impact Assessment.</p> <p>In addition to your comments below on our guideline documents, we would like to hear your views on these questions. Please include your answers to these questions with your comments in the table below.</p> <ol style="list-style-type: none"> 1. Would it be challenging to implement of any of the draft recommendations? Please say why and for whom. Please include any suggestions that could help users overcome these challenges (for example, existing practical resources or national initiatives). 2. Would implementation of any of the draft recommendations have significant cost implications? <p>See Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.</p>
<p>Organisation name (if you are responding as an individual rather than a registered stakeholder please specify).</p>	<p>Royal College of General Practitioners</p>
<p>Disclosure (please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry).</p>	<p>None</p>
<p>Confidential comments (Do any of your comments contain confidential information?)</p>	<p>No</p>
<p>Name of person completing form</p>	<p>Michael Mulholland/ Adrian Hayter</p>

Tobacco: preventing uptake, promoting quitting and treating dependence - Cytisine for smoking cessation

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Comment number	Document [e.g. guideline, evidence review A, B, C etc., methods, EIA]	Page number 'General' for comments on whole document	Line number 'General' for comments on whole document	Comments <ul style="list-style-type: none"> • Insert each comment in a new row. • Do not paste other tables into this table, because your comments could get lost – type directly into this table. • Include section or recommendation number in this column.
Example	Guideline	016	045	Rec 1.3.4 – We are concerned that this recommendation may imply that
Example	Guideline	017	023	Question 1: This recommendation will be a challenging change in practice because
Example	Guideline	037	016	This rationale states that...
Example	Evidence review C	057	032	There is evidence that ...
Example	Evidence review C	063	012	CONFIDENTIAL: Our unpublished study has shown that [X] is more effective than [Y]
Example	Methods	034	010	The inclusion criteria ...
Example	Algorithm	General	General	The algorithm seems to imply that ...
Example	EIA	010	002	We agree with the barriers to access listed, and would also like to add
1	Guideline	007	014	We are concerned that the guidance places bupropion ahead of cytinicline and other options despite the above stating that it would be less likely for it to result in a successful cessation of smoking. We recommend changing the order around and have bupropion at the end of this list.
2	Guidelines	General		We support the importance of treating tobacco dependency in all people – and the need for behavioural support in association with medications available.
3	Guideline	General		<p>The inclusion of cytinicline as a smoking cessation intervention is a welcome addition, offering an alternative for patients who have not responded to other treatments. However, we believe that it is crucial to ensure that the complex dosing regimen and potential side effects (like insomnia and abnormal dreams) are clearly communicated to patients and providers.</p> <p>The dosing schedule is more intricate compared to other cessation aids, which could be challenging for patients with lower health literacy or cognitive impairments. Providers may need additional training to support patients effectively. We believe it may be helpful to develop simplified patient guides or apps to assist with adherence and ensure that behavioural support services are readily available.</p>
4	Guideline/ EIA	General		The rationale is well-supported by evidence. Emphasising the importance of individualised treatment plans based on patient preference and medical history is commendable. However, the EIA highlights significant gaps in evidence for vulnerable groups, including those with mental health conditions,

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				socioeconomically disadvantaged populations, and those with lower health literacy. Therefore, we find it essential that the guidance addresses these gaps in future research. National subsidies or targeted funding could improve access to rural and socioeconomically disadvantaged populations. Targeted interventions should be developed for populations with mental health issues or those in socioeconomically deprived areas, as these groups face higher barriers to quitting
5	Guideline	General		We have found that clinicians often question the role of vaping / electronic cigarettes in smoking cessation. Therefore, we believe a more detailed explanation of the guidance and deliberations would be useful to help clinicians.
6	Guideline	General		We question who will be responsible for monitoring cytisinicline i.e. will it be the GP or the cessation clinic?
7	Evidence Review	General		Implementing cytisinicline may incur higher upfront costs compared to existing NRT or varenicline options. The economic reviews suggest that cytisinicline's effectiveness could lead to reduced long-term healthcare costs associated with smoking-related illnesses. We suggest conducting a cost-benefit analysis that covers different population groups, with a focus on long-term savings and reduced hospital admissions.

Insert extra rows as needed

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Data protection

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