

Treatment Appraisal: Decision Summary

Date	20 th March 2012
Appraisal	Prosthetic intervertebral disc replacement in the cervical spine: Cost-effectiveness compared with cervical discectomy with or without vertebral fusion
Details	The NHS North East Treatment Advisory Group was requested to appraise the cost-effectiveness of cervical disc replacement compared with other cervical spinal surgeries for degenerative cervical disc disease. The clinical efficacy and safety of the procedure has previously been appraised by NICE.
Recommendation	The NHS North East Treatment Advisory Group does not recommend cervical spinal disc prostheses for degenerative cervical disc disease. The group considers that the health economic argument for all cases has not been satisfied.
Clinical evidence summary	As supported by NICE in interventional procedure guidance number 314, cervical disc replacement is as effective and safe as other spinal surgeries such as discectomy plus fusion, with evidence of up to three years follow-up. There is limited evidence for some differences in efficacy, safety and patient-oriented outcomes.
Cost analysis summary	Cervical disc replacement is estimated to cost about £2,300 more per case for an equivalent discectomy plus fusion. However, the group acknowledged that some cases will require more complicated surgeries and in these cases patients can be treated more conservatively and cost-effectively with a cervical disc replacement.
Financial impact PbR: Included	The total number of cervical disc replacement procedures within NHS North East in the preceding year was 70. The maximum likely associated opportunity cost is estimated at about £160,000.
Further research or information	The group opted to defer its recommendation in October 2011 pending receipt of objective criteria to identify patients for whom cervical disc replacement therapy is likely to be cost-effective compared with alternative cervical spinal surgeries. However no such suitable treatment protocol was forthcoming and the group has opted to change its recommendation accordingly. This recommendation supersedes the group's previous recommendation published in October 2011 (CDR-CSD-OCT11).

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