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March 15, 2006

Barbara Wells

CCOHTA

Director, COMPUS

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Dear Ms. Wells,

The CAG wishes to thank COMPUS for continuing to involve the Association in your process, specifically now in regards to the PPI review. The CAG is a key stakeholder in this area, and strives to ensure that guidelines are in place to ensure the most appropriate management of patients with gastrointestinal disease.

At your request, the CAG provided feedback in the fall of 2005 regarding your process, specifically that a 15 day review window was unacceptable. I draw your attention to this in relation to the most recent review request – 287 page PPI review emailed March 7th with a deadline for comments by March 31st. Review of this substantial document cannot be done appropriately in this timeframe, especially by already stretched clinicians.

I have tried to engage several of our members in review of this document – notably these individuals are world-renowned experts in the particular field under review. I have also received a clear and definite NO from all approached regarding the timelines that you have set. I did receive a few comments that were provided as folks quickly scanned your document, and bullet these below:

- ❖ In general, we note that several other recent international systematic reviews exist in this particular area, e.g. Cochrane, 2005 CAG GERD Consensus Guidelines. Several of these documents have been prepared with utmost scientific diligence and process. The CAG guidelines (above) involved an extensive two year commitment and followed internationally accepted methodology for the production of clinical practice guidelines, and included over 50 Canadian and International experts. It is concerning, and puzzling, to the CAG as to why existing documentation is not adopted, hence saving significant resource and financial expenditure to Canadian tax payers.

- ❖ Perhaps there are ways to streamline the report and bring attention to key areas/issues/summaries. Several of the CAG reviewers noted difficulty in trying to quickly scan the document for the key information and messages.
- ❖ Most important, and of concern to the CAG, is that there appears to be a lack of experience/knowledge of the evidence, within this document. For example, it is suggested that there is doubt about the association of *H. pylori* eradication and the cure of peptic ulcer disease - this is astounding given the overwhelming evidence for this relationship. It is also stated that the evidence for *H. pylori* eradication in NUD is conflicting, as one systematic review is positive and one is negative. The key paper on this issue has been omitted from your review; this paper clarifies this discrepancy. In fact, most of the recent literature in this area comes from international recognized researchers based in Canada. There is now little doubt that *H. pylori* eradication has a small but statistically significant effect in NUD.

With the above examples found on cursory review of your document, the CAG has serious concerns regarding this document. Clearly, if appropriate review time were made available (6-8 weeks beyond your current deadline), then we could ensure that you are provided with a thorough review, with the expectation that the resulting document could be significantly improved.

If you choose to proceed with the current process and timelines, the CAG requests that you clearly note that we were unable to provide a thorough review due to the unrealistic timelines set by COMPUS, that we have serious concerns regarding this document, and as such are unable to support this effort, nor endorse the outcomes, in any fashion.

Sincerely,

A handwritten signature in black ink that reads "Paul Sinclair". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Paul Sinclair
Executive Director, CAG