NICE National Institute for Health and Care Excellence

Consultation on draft guideline – deadline for comments 17:00 on 29/08/2018 email: RenalStones@nice.org.uk

	Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly. 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. We would like to hear your views on these questions: 1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why. 2. Would implementation of any of the draft recommendations have significant cost implications? 3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.) 4. [Insert any specific questions about the recommendations from the Developer, or delete if not needed] See section 3.9 of Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.
Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	**Renal Association UK** https://renal.org/
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	None

NICE National Institute for Health and Care Excellence

Consultation on draft guideline – deadline for comments 17:00 on 29/08/2018 email: RenalStones@nice.org.uk

Name of commentator person completing form:	John A Sayer
Type	[office use only]

Comment number	Document [guideline, evidence review A, B, C etc., methods or other (please specify which)]	Page number Or 'general' for comments on whole document	Line number Or 'general' for comments on whole document	Comments 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.
1	Guideline	General	General	The Guideline Group are to be congratulated on their comprehensive approach to this report. A comprehensive look at the evidence underlying clinical practise in the care and management of patients with renal stone disease is welcome. This particular topic is full of "expert opinion" and often lacks underlying evidence and clear rationale for the advice given. I am especially pleased that the guidelines offers management advice for both adult and paediatric stone forming patients. The management for each of these groups does often differ and the draft provides clear signposting of when adult and paediatric management differs.
2	Guideline 1,8	P8,p9, p10		Metabolic testing for renal stones seems to be very minimalistic and the word "consider" to be too ambiguous. In my view each stone should be sent for analysis in a new stone former, and in recurrent stone formers repeat analysis may also be indicated if there is a change in appearance. Stone analysis will help identify rare stones where specific treatments are indicated (e.g. cystine stones, 2,8, DHA stones, uric acid stones etc). I am not sure why stone analysis is not extended to paediatric samples also – as many DGH urologists will deal with paediatric stones and is secondary referral to a specialist is required the chemical ID of the stone in a child is extremely valuable information. Serum calcium analysis is perhaps the bare minimum and if this elevated then specific diagnoses can be reviewed (e.g. primary hyperparathyroidism). I was sorry to see a 24 h urine was not suggested as part of the metabolic evaluation. I realise that there may be lacking evidence in this area. In my own clinical practise a 24 h urine evaluation can be extremely informative – in terms of renal volume alone – it can provide the answer, Poor urine volumes is a frequently identified risk factor for stone formation. The guidelines do provide some advice regarding drinking volumes (2.5-3L per day but this advice remains critical for patients with poor volumes, and without 24 h collections it is difficult to see whether the advice (the stone clinic affect) has been taken on board.

NICE National Institute for Health and Care Excellence

Consultation on draft guideline – deadline for comments 17:00 on 29/08/2018 email: RenalStones@nice.org.uk

				The evidence for low urine volumes is quoted in Evidence review A to be 5.6%(Ferraro 2015 QJM). This is likely to be an underestimation given other studies have found low urine volumes to be present in 12-25% (Curhan GC, Willett WC, Speizer FE, Stampfer MJ. Twenty-four-hour urine chemistries and the risk of kidney stones among women and men. Kidney Int. 2001;59(6):2290–8.) I would agree that the place for a metabolic assessment should be researched in more detail.
3	Guideline 1.9	P9		The dietary and lifestyle advice seem straightforward but again a 24 h urine collection would allow this to be more individualise to each patient. It is not stated who is best to give this advice (urologist/nephrologist/dieitician) but clearly it can be given by all healthcare professionals. Was consideration of high fructose corn syrup intake discussed? Taylor EN, Curhan GC. Fructose consumption and the risk of kidney stones. Kidney Int. 2008 Jan;73(2):207-12. Epub 2007 Oct 10. PubMed PMID: 17928824.
4	Evidence review A	P3		See comment above Low urine volumes is quoted in Evidence review A to be 5.6%(Ferraro 2015 QJM). This is likely to be an under estimation given other studies have found low urine vols to be present in 12-25% (Curhan GC, Willett WC, Speizer FE, Stampfer MJ. Twenty-four-hour urine chemistries and the risk of kidney stones among women and men. Kidney Int. 2001;59(6):2290–8.)
5				
5				
6				

Insert extra rows as needed

Checklist for submitting comments

- Use this comment 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, comment forms **do not include attachments** such as research articles, letters or leaflets (for copyright

Please return to: RenalStones@nice.org.uk

Consultation on draft guideline – deadline for comments 17:00 on 29/08/2018 email: RenalStones@nice.org.uk

reasons). We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance that we have produced on topics related to this guideline by checking NICE Pathways.

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. Further information regarding our privacy information can be found at our privacy notice on our website.