



Australian Government

Department of Health

Consultation Survey on MSAC Application 1629

Defensive Antibacterial Coating (DAC) 5ml kit

MSAC welcomes feedback on MSAC applications for public funding from individuals, organisations representing health professionals or consumers and/or carers, and from other stakeholders. Please use this template to prepare your feedback. You may also attach additional information if you consider it may be useful in informing MSAC and its sub-committees.

Sharing consultation feedback

Submitted consultation feedback will be shared with the Applicant and with MSAC and its sub-committees.

- The applicant will receive a summary of comments from individuals, with the individual's name and other identifying information removed.
- MSAC and its sub-committees will receive both the summary and copies of the comments, with the name of the individual and other identifying information removed.
- Consultation feedback from groups or organisations will be provided in a complete form to both the Applicant and to MSAC and its sub-committees.

Please do not include information in your feedback that you do not want shared as outlined above. In addition, to protect privacy, do not include identifying personal (e.g. name) or sensitive (e.g. medical history) information about third parties, such as medical professionals or friends/relatives.

How consultation feedback is used

MSAC and its sub-committees consider consultation feedback when appraising an application, including to better understand the potential impact of the proposed medical technology/service on consumers, carers, and health professionals. A summary of consultation feedback will be included in the Public Summary Document (PSD) published on the MSAC website once MSAC has completed its appraisal. The PSD may also cite feedback from groups/organisations, including the name of the organisation. As such, organisations should not include information or opinions in their feedback that they would not wish to see in the public domain.

Consultation deadlines. Please ensure that feedback is submitted by the pre-PASC or pre-MSAC consultation deadline for this application. Consultation deadlines for each PASC and MSAC meeting are listed in the PASC and MSAC and ESC calendars available on the [MSAC website](#). They are also published in the MSAC Bulletin. Feedback received after the respective deadlines may not be considered.

For further information on the MSAC consultation process please refer to the MSAC Website or contact the Consumer Evidence and Engagement Unit on email: commentsMSAC@health.gov.au.

Thank you for taking the time to provide your feedback. Please return your completed survey to:

Email: commentsMSAC@health.gov.au

Mail: MSAC Secretariat,
MDP 960, GPO Box 9848,
ACT 2601.

PART 1 – PERSONAL AND ORGANISATIONAL INFORMATION

1. Respondent details

Name:

Email:

Phone No:

2. Is the feedback being provided on an individual basis or by a collective group?

- Individual
 Collective Group

If individual, specify the name of the organisation you work for

If collective group, specify the name of the group

3. How would you best identify yourself?

- General Practitioner
 Specialist
 Researcher
 Consumer
 Care giver
 Other

If other, please specify

PART 2 – CLINICAL NEED AND PUBLIC HEALTH SIGNIFICANCE

4. Describe your experience with the medical condition (disease): periprosthetic deep surgical site infection (SSI).

5. Describe your experience with the proposed intervention: Total joint arthroplasty (TJA) with one or two kits of Defensive Antibacterial Coating (DAC®) 5 ml hydrogel rehydrated using an antibiotic solution and applied to the surface of the implanted device.

6. What do you see as the benefit(s) of the proposed intervention, in particular for the person involved and/or their family and carers?

7. What do you see as the disadvantage(s) of the proposed intervention, in particular for the person involved and/or their family and carers?

8. What other benefits can you see from having this intervention listed on the Protheses List?

9. What other services do you believe need to be delivered before or after this intervention, eg Dietician, Pathology etc?

PART 3 – INDICATION(S) FOR THE PROPOSED MEDICAL SERVICE AND CLINICAL CLAIM

10. Do you agree or disagree with the proposed population(s) for the proposed intervention as specified in the PICO Confirmation?

1. Patients undergoing an elective primary joint implant at increased risk of infection due to the presence of comorbidities (ASA score ≥ 3 ; and BMI > 30; and Cementless Components)
2. Patients undergoing elective megaprosthesis implantation or elective major revision of joint implants for indications other than periprosthetic infection, including total joint revision, tumour removal and reconstruction
3. Patients undergoing surgery for periprosthetic infection with implant replacement
4. Patients undergoing open reduction and internal fixation:
Subgroup 1: Closed fracture with comorbidities (ASA score ≥ 3 ; and BMI > 30)
Subgroup 2: Open fracture

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

Specify why or why not:

11. Have all the associated interventions been adequately captured in the PICO Confirmation?

Note: Since ratification of the PICO confirmation, it has been advised that DAC is to be rehydrated with an antibiotic solution (typically Vancomycin or Gentamicin), consistent with the application submitted to the Therapeutic Goods Administration for inclusion on the Australian Register of Therapeutic Goods and published clinical evidence.

- Yes
 No

Please explain:

12. Do you agree or disagree that the comparator(s) to the proposed intervention as specified in the PICO Confirmation?

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

Please explain:

13. Do you agree or disagree with the clinical claim made for the proposed intervention as specified in the PICO Confirmation?

That is, the use of DAC [rehydrated with antibiotic solution] to reduce periprosthetic deep SSI is likely to be superior compared with the current standard of care, i.e. standard surgery without DAC.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Specify why or why not:

PART 4 – ADDITIONAL COMMENTS

14. Do you have any additional comments on the proposed intervention and/or medical condition (disease)?

15. Do you have any comments on this feedback survey? Please provide comments or suggestions on how this process could be improved.

Again, thank you for taking the time to provide valuable feedback.