Dear Chris,

After review of the appraisal document there are a number of comments or clarifications that we feel should looked at. I have listed these below

i) Do you consider that all of the relevant evidence has been taken into account? We would like you to consider the following as it relates to the point indicated.

4.1.7 The US. JNC-7 report by The US Department of Health and Human Studies,
National Heart, Lung and Blood Institute, National High Blood Pressure Education
Program include Sleep Apnoea as an identifiable cause of Hypertension. I include a
copy of this reference card with this email. Should this be looked at again?

ii) Do you consider that the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence and that the preliminary views on the
resource impact and implications for the NHS are appropriate? Yes.

iii) Do you consider that the provisional recommendations of the Appraisal Committee are sound and constitute a suitable basis for the preparation of guidance
to the NHS? We would like you to consider the following as it relates to the point indicated.

4.1.14 What about other appropriately trained clinical or technical specialists?

iv) Are there any equality related issues that may need special consideration?

Other comments:

We would like you to consider the following as it relates to the point indicated.

1.1 CPAP is continuous positive airway pressure, not airwaY2

2.2 OSA can also be diagnosed using polygraphy (e.g. embletta) or other two channel (Flow and Oximeter) devices.

2.4. The most important symptom after snoring is partner-witnessed apnoeas. Other important symptoms are nocturia, morning headaches, and sexual dysfunction (e.g. impotence).

3.4 Please remove "the S6 and S7 range (ResMed UK)" as they are obsolete, and replace with "S8 range (ResMed UK)".

I hope that you will consider these points and please contact me if you need any further clarity.

With Best regards