IQWiG Reports – Commission No. H20-03

Irreversible electroporation for chronic bronchitis[1]

Extract

[1] Translation of the executive summary of the §137h assessment: H20-03 *Irreversible Elektroporation bei chronischer Bronchitis* (Version 1.1; Status: 12 February 2021). Please note: This translation is provided as a service by IQWiG to English-language readers. However, solely the German original text is absolutely authoritative and legally binding.

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IQWiG thanks the medical expert advisor for his contribution to the §137h assessment. However, the advisor was not involved in the preparation of the §137h assessment. IQWiG is solely responsible for the content of the §137h assessment.

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Executive summary

The Federal Joint Committee (G-BA) commissioned the Institute for Quality and Efficiency in Health Care (IQWiG) to assess the method "irreversible electroporation for chronic bronchitis" according to §137h Social Code Book (SGB) V – Statutory Health Insurance. The assessment documents were submitted to IQWiG on 17 December 2020.

According to the information in the submission form, irreversible electroporation (IRE) aims to eliminate secretion-producing cells and induce regeneration of functional airway cells in patients with moderate to severe chronic bronchitis with or without chronic obstructive pulmonary disease (COPD) of the severity 1 to 3 following the Global Initiative for Obstructive Lung Disease (GOLD) classification. This is to be achieved by means of endoscopic ablation using short high-frequency electrical signals to the airway epithelium and submucosal tissue layers. IRE is supposed to reduce mucus production and coughing as well as improve quality of life and prevent disease progression. In the above context, the method is to be used as an additional treatment to the current standard treatment.

For the assessment, 1 analysis of pooled data from 2 case series and interim results from 2 case series not yet completed were available. In addition, reference was made to 2 studies for which results were not yet available, including 1 randomized controlled trial (RCT).

Findings on the benefit, ineffectiveness or harmfulness of IRE could not be derived from the data submitted, as no comparative data were available. Likewise, the supplemental examination of the results of the case series did not suggest that the method is harmful.

Overall, in this assessment according to §137h, based on the documents submitted neither a benefit, harmfulness nor ineffectiveness of IRE for chronic bronchitis can be identified.

A testing study suitable to provide the necessary findings to assess the benefit of IRE for chronic bronchitis is possible in principle. Since such a study has already been prepared abroad and has good prospects of success, it seems more meaningful to wait for the results of this study rather than conduct a testing study in Germany.

The full report (German version) is published under

https://www.iqwig.de/en/projects/h20-03.html