

Landmark consensus on treating adult hearing loss with a cochlear implant published by new alliance of international hearing experts

- World-first consensus published today in *JAMA Otolaryngology* recommends ‘minimum international standard of care for cochlear implantation’, including diagnosis, referral, treatment and aftercare for adults living with severe to profound sensorineural hearing loss¹
- This consensus provides optimism for many thousands of people in the UK living with the severe to profound hearing²
- Though the National Institute for Care and Health Excellence (NICE) criteria for eligibility were expanded over one year ago, cochlear implantation barriers still remain
- The consensus aims to improve referral and candidacy pathways and increase access to cochlear implants for UK adults with severe to profound hearing loss

Nottingham, UK – 27 August 2020: The first ever global consensus on the use of cochlear implants for the management of adults living with hearing loss was published today in *JAMA Otolaryngology*.¹ The paper was authored by a new alliance, including 31 hearing experts from surgical and audiology backgrounds, and seven representatives from patient and professional societies from more than 13 countries.¹

According to Professor Gerard O’ Donoghue, steering committee member and Professor of Otolaryngology and Neurotology, University of Nottingham, UK, the consensus paper is significant in its potential to improve the standard of care for patients.

“It is our responsibility to improve patient care in the communities we serve. This consensus paper will serve as the catalyst in establishing clearer referral pathways, made up of confident, informed clinicians, that streamline access to cochlear implants for adult patients with severe to profound hearing loss.”

The consensus paper consisted of 20 statements covering seven categories for adults with severe, profound, or moderate sloping to profound hearing loss in both ears.¹ Each statement was agreed upon by the panel members following consultation with a Consumer and Professional Advocacy Committee (CAPAC). Categories included:

1. Level of awareness of cochlear implants
2. Best practice clinical pathway for diagnosis
3. Best practice guidelines for surgery
4. Clinical effectiveness of cochlear implants
5. Factors associated with post-implantation outcomes
6. The relationship between hearing loss and depression, cognition and dementia
7. Cost implications of cochlear implants

In many countries, adults do not have their hearing assessed as part of regular health check-ups. Of those who receive hearing checks and are diagnosed with severe to profound hearing loss*, few are referred to a hearing specialist to examine whether an implantable hearing device could be the most beneficial treatment option.^{2,3} An estimated 900,000 people in the UK live with severe to profound hearing loss and could benefit from an assistive hearing device, such as a cochlear implant² (subject to patient desire/suitability).

While cochlear implants are an effective medical treatment for many adults living with severe to profound sensorineural hearing loss⁴, in the UK, only an estimated 5% of adults with severe to profound hearing loss who could clinically benefit from a cochlear implant have one.⁵

In March 2019 the National Institute for Care and Health Excellence (NICE) expanded the criteria used by health professionals to determine who is eligible for a cochlear implant within the NHS. Whilst there have been improvements in access, many barriers, including patient awareness and lack of confidence during the referral process, still remain.

It is evident that cochlear implants are still not as widely prescribed as they should be, with apparent challenges remaining within the hospital setting. Dr Ann-Marie Dickinson, Highly Specialist Audiologist, Salford Royal NHS Foundation Trust, commended the potential for the consensus paper in continuing to educate physicians and reinforce adherence to NICE guidelines in the face of these mounting challenges.

“Despite guidelines, many audiologists still lack confidence in making appropriate referrals to cochlear implants centres, leaving patients unaware of cochlear implants and their far-reaching potential benefits. It is the responsibility of the audiologist to determine candidacy, offer counselling and make a referral when their patient is not getting benefit from hearing aids. This consensus will better inform audiologists of the optimal treatment pathways and help overcome some of the barriers to referral.” said Dr Ann-Marie Dickinson.

Professor Shakeel Saeed, Delphi consensus panel member and Professor at University College London Ear Institute concluded that cochlear implantation requires awareness and a collaborative approach between general practitioners, NHS audiologists and surgeons.

“It is of utmost importance that we work together in driving an agenda that would bring forward appropriate referral and cochlear implantation of adult patients with severe to profound hearing loss – especially for those patients who would receive tangible improvements in quality of life through cochlear implant usage, yet presently are being denied access to this intervention.”

To view the consensus paper, including the full methodology and consensus statements, click [here](#).

About the consensus process¹

The consensus process was initiated by a systematic review to identify relevant studies in the subject area. These were used to inform the development of evidence-based draft consensus statements. The draft statements then entered the Delphi voting process, which involved three anonymous voting rounds.

All members of the steering committee and the Delphi consensus panel, except the Chair, were able to vote in the consensus process. Voting on the draft consensus statements took place over three rounds. At each voting round, the statements were voted on anonymously using an online questionnaire. Consensus was defined as agreement by a least 75 percent of respondents. During this process, all panel members had access to a report of the evidence from a systematic literature review, including the results of the quality assessment of included studies.

About the authors

The Delphi consensus process on unilateral cochlear implantation in adults with bilateral severe, profound, or moderate sloping to profound sensorineural hearing loss was guided by a non-voting Chair, Dr Craig Buchman, Head of Otolaryngology – Head & Neck Surgery, Washington University School of Medicine, St Louis, U.S. The Chair was supported by four steering committee members who were able to vote: Professor René Gifford, Vanderbilt University, Nashville, U.S.; Dr David Haynes, Vanderbilt University, Nashville, U.S.; Professor Thomas Lenarz, Medical University of Hannover, Germany and Professor Gerard O'Donoghue, University of Nottingham, UK.

The Delphi panel comprised an additional 26 experts in the field of cochlear implant use, including audiologists and ear, nose and throat specialists from across 13 countries.

In addition, a Consumer and Professional Advocacy Committee (CAPAC) of international cochlear implant user and professional advocacy organisations was involved in the development of the consensus statements.

*Hearing loss severe enough to have great difficulty hearing and taking part in conversations in noisy environments.

The Delphi process and medical writing have received funding support from Advanced Bionics, Cochlear Ltd, MED-EL and Oticon Medical. The funding organizations did not contribute to the design, facilitation or content of the Delphi consensus process.

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