SPECIALISED COMMISSIONING - CLINICAL EVIDENCE EVALUATION CRITERIA FOR A PROPOSITION FOR A CLINICAL COMMISSIONING POLICY FOR ROUTINE COMMISSIONING

URN: 1608
TITLE: Bendamustine for relapsed multiple myeloma

CRG: Chemotherapy
NPOC: Cancer
Lead: Nicola McCulloch
Date: 18/07/18

This policy is being considered for:	For routine commissioning		Not for routine commissioning	X
Is the population described in the policy the same as that in the evidence review including subgroups?	Yes. There were four uncontrolled studies with patients who had relapsed multiple myeloma that had been heavily pre-treated.			
Is the intervention described in the policy the same or similar as the intervention for which evidence is presented in the evidence review?	Yes.			
Is the comparator in the policy the same as that in the evidence review? Are the comparators in the evidence review the most plausible comparators for patients in the English NHS and are they suitable for informing policy development?	No. The studies were uncontrolled. An appropriate comparator would be best supportive care. There was therefore no evidence that the treatment was superior to best supportive care. Clinical Panel agreed that it was not possible to have any level of confidence about either the effectiveness or the toxicity of bendamustine in this group of patients.			
Are the clinical benefits demonstrated in the evidence review consistent with the eligible population and/or subgroups presented in the policy? Are the clinical harms demonstrated in the evidence review reflected in the eligible	The uncontrolled studies demonstrated a lack of consistency and variable outcomes. It was therefore not possible to identify whether there was a group of patients who would gain benefit of treatment compared to best supportive care. Clinical harms were reported however the extent to which they are reported was variable between the studies. Some significant toxicities were demonstrated.			

and /or ineligible population and/or subgroups presented in the policy?			
Rationale Is the rationale clearly linked to the evidence?	Yes.		
<u>Advice</u> The Panel should provide advice on matters relating to the evidence base and policy development and prioritisation. Advice may cover: • Uncertainty in the evidence base • Challenges in the clinical interpretation and applicability of policy in clinical practice • Challenges in ensuring policy is applied appropriately • Likely changes in the pathway of care and therapeutic advances that may result in the need for policy review.	There are a number of treatments recommended by NICE for patients with relapsed multiple myeloma. Clinical Panel recognised that further effective treatments for relapsed multiple myeloma would be welcomed by patients and clinicians. However, Clinical Panel supported the policy to progress as a not for routine commissioning because of the lack of evidence of net benefit for patients.		
Overall conclusion	This is a proposition for routine commissioning and	Should proceed for routine commissioning	
		Should reversed and proceed as not for routine commissioning	
	This is a proposition for not routine commissioning and	Should proceed for not routine commissioning	X
		Should be reconsidered by the PWG	

<u>Overall conclusions of the panel</u>

Report approved by:
David Black
Clinical Panel Chair
23/07/2018