Engagement Report

Topic details

Title of policy or policy statement:	Bortezomib for the treatment in acute immune Thrombotic Thrombocytopaenic Purpura (TTP) and elective therapy to prevent immune TTP relapse in patients who are refractory or intolerant to rituximab (all ages)
Programme of Care:	Blood and Infection
Clinical Reference Group:	Specialised Blood Disorders
URN:	2301

1. Summary

This report summarises the feedback NHS England received from engagement during the development of this policy, and how this feedback has been considered.

2. Background

Immune thrombotic thrombocytopenic purpura (TTP) is a rare, potentially life-threatening condition that involves formation of blood clots in the small blood vessels in the body. This leads to organ damage, particularly the brain, digestive tract, heart and kidneys. Many require ICU admission and without treatment, the mortality in acute immune TTP is >90%.

Immune TTP happens when platelets stick together too readily. Platelets use a highly adhesive glue called von Willebrand Factor (vWF) to form a clot. The size of the vWF determines how easily platelets stick together and if the vWF becomes too long, platelets stick together even when they are not supposed to. A protein called ADAMTS13 regulated the size of the vWF. Less ADAMTS13 leads to vWF not being broken down causing unwanted clotting in small blood vessels. The shortage of ADAMTS13 can either be caused by a genetic problem that prevents enough enzyme being produced or an overactive immune system that destroys the enzyme.

Treatment of acute immune TTP is with urgent plasma exchange (PEX) to replace ADAMTS13 and immunosuppression to switch off the autoimmune response. Removal of causative antibodies requires high dose steroids initially and rituximab (anti-CD20). Rituximab can also be used in the outpatient setting to prevent an acute relapse of immune TTP. However, a small proportion of patients will become resistant or develop an allergy to rituximab.

The proposed intervention is bortezomib, a proteasome inhibitor that is currently licenced for the treatment of multiple myeloma and mantle cell lymphoma. Bortezomib

acts to eliminate CD20-expressing B-cells and plasma cells (which produce the autoantibodies) via apoptosis, thus resulting in improved circulating levels of ADAMTS13.

For those patients who are intolerant or refractory to rituximab, bortezomib was proposed as an alternative treatment option in those with immune TTP. NHS England has decided not to commission bortezomib for treatment of acute immune TTP or prevention of acute TTP relapse due to lack of sufficient evidence.

3. Engagement

NHS England has a duty under Section 13Q of the NHS Act 2006 (as amended) to 'make arrangements' to involve the public in commissioning. Full guidance is available in the Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning. In addition, NHS England has a legal duty to promote equality under the Equality Act (2010) and reduce health inequalities under the Health and Social Care Act (2012).

The policy proposition underwent a two-week period of stakeholder testing between 26th May and 9th June 2023 with registered stakeholders for the Specialised Blood Disorders Clinical Reference Group. The comments have then been shared with the Policy Working Group to enable full consideration of feedback and to support a decision on whether any changes to the proposition might be recommended.

Respondents were asked the following consultation questions:

- Do you believe that there is any additional information that we should have considered in the evidence review?
- Do you support the proposal the not for routine commissioning decision?
- Do you have any further comments on the proposal?
- Do you support the Equality and Health Inequalities Impact Assessment?
- Do you believe there are any potential positive and/or negative impacts on patient care as a result of not making this treatment option available?
- Please declare any conflict of interests relating to this document or service area.

A 13Q assessment has been completed following stakeholder testing.

The Programme of Care decided that as the proposition is for not routinely commissioning it was subject to further public consultation. This decision has been assured by the Patient Public Voice Advisory Group.

4. Engagement Results

1 stakeholder responded:

- 1 Patient Charity

5. How has feedback been considered?

Responses to engagement have been reviewed by the Policy Working Group and the Blood and Infection PoC. The following themes were raised during engagement:

Keys themes in feedback	NHS England Response
Relevant Evidence	

One stakeholder responded that there was insufficient evidence due to the rarity of disease and small patient population.	NHS England Specialised Commissioning caters for rare diseases. Our evidence reviews are conducted in line with our standard methods which enables fair and equal assessment of all rare conditions. Whilst some evidence was identified for this indication, the evidence was off too low quality to determine safe and effective use in this population.
Potential impact on equality and health inequalities	
One stakeholder pointed out that patients of Afro-Caribbean background are higher risk for immune TTP and would be more disadvantaged by this policy not being commissioned.	NHS England does not currently commission bortezomib for use in immune TTP and therefore there is no additional impact on this population by not commissioning bortezomib.
Changes/addition to policy	
One stakeholder felt that patients with a rare disease were disadvantaged as they are a challenging patient population to gain evidence in.	NHS England Specialised Commissioning caters for rare diseases. Our evidence reviews are conducted in line with our standard methods which enables fair and equal assessment of all rare conditions. Whilst some evidence was identified for this indication, the evidence was off too low quality to determine safe and effective use in this population.

6. Has anything been changed in the policy proposition as a result of the stakeholder testing and consultation?

No changes have been made to the policy proposition as a result of stakeholder testing. A further 30 days of public consultation is planned.

7. Are there any remaining concerns outstanding following the consultation that have not been resolved in the final policy proposition?