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

URN: 1604
TITLE: Bendamustine for relapsed mantle cell lymphoma

CRG: Chemotherapy
NPOC: Cancer
Lead: Nicola McCulloch
Date: 16/11/16

This policy is	For routine commissioning	X	Not for routine commissioning	
Is the population described in the policy the same as that in the evidence review including subgroups?	The population is the same.			
Is the intervention described in the policy the same or similar as the intervention for which evidence is presented in the evidence The popular view?	The intervention is the same.			
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?	The comparator is different to those used in the UK. The study comparator was fludarabine and this is not the comparator treatment in the UK. However, the panel is advised that this is a recognised comparator and is likely to be of similar effectiveness to treatments commonly used in the UK.			
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	There is randomised trial with a small number of patients which does show survival benefit and progression free survival benefit. This is reasonable. Yes – these are well recognised cytotoxic adverse effects.			

reflected in the eligible 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.	We recommend that this progresses to stakeholder testing as a routine commissioning policy. Confirmation or otherwise regarding the comparator treatment and the degree to which this is appropriate in a UK setting to be sent to the Co-chair (David Black) by email. The policy needs amending to current format and content style. There are elements of the policy proposition that need correcting with the advice of the Clinical Effectiveness Team.		
Overall conclusion	This is a proposition for routine commissioning and	Should proceed for routine commissioning	X
		Should reversed and proceed as not for routine commissioning	
	This is a proposition for not routine commissioning and	Should proceed for not routine commissioning	
		Should be reconsidered by the PWG	

Overall conclusions of the panel
Report approved by:
James Palmer
Clinical Panel Chair
12/12/16