## REPORT FROM CLINICAL PANEL

Title: **A01X07/01**
**Continuous aztreonam lysine for cystic fibrosis (all ages)**

CRG:
NPOC: Internal Medicine
Lead: Ursula Peaple

Date: 2 December 2015

The Panel were presented a policy proposal for routine commissioning

| Question | Conclusion of the panel | If there is a difference between the evidence review and the policy please give a commentary |
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| <u>The population</u><br><br>1. What are the eligible and ineligible populations defined in the poli`cy and are these consistent with populations for which evidence of effectiveness is presented in the evidence review? | The eligible population(s) defined in the policy is not the same or similar to the population(s) for which there is evidence of effectiveness that considered in the evidence review. | The evidence did not include any studies on long term use and was therefore inadequate to enable comparison between populations. |
| <u>Population subgroups</u><br><br>2. Are any population subgroups defined in the policy and if so do they match the subgroups for which there is evidence presented in the evidence review? | There is a difference between the population subgroups defined in the policy and the populations for there is evidence in the evidence review. | The policy proposition identifies the specific subgroups that might benefit from continuous Aztreonam Lysine but the evidence is not adequate to support these subgroups. |

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| <u>Outcomes - benefits</u><br><br>3. Are the clinical benefits demonstrated in the evidence review consistent with the eligible population and/or subgroups presented in the policy? | The clinical benefits demonstrated in the evidence review support the eligible population and/or subgroups presented in the policy. | The clinical trials demonstrated the benefits of Aztreonam Lysine in trials but the trials were only short term. |
| <u>Outcomes – harms</u><br><br>4. Are the clinical harms demonstrated in the evidence review reflected in the eligible population and/or subgroups presented in the policy? | The clinical harms demonstrated in the evidence review are reflected in the eligible population and/or subgroups presented in the policy. | The clinical panel noted the potential harms associated with antibiotic resistance. |
| <u>The intervention</u><br><br>5. Is the intervention described in the policy the same or similar as the intervention for which evidence is presented in the evidence review? | The intervention described in the policy the same or similar as in the evidence review. | The intervention was the same but the trials were not long enough in duration to assess long term treatment. |
| <u>The comparator</u><br><br>1. Is the comparator in the policy the same as that in the evidence review? | The comparator in the policy is the same as that in the evidence review. | |

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| 2. 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 comparators in the evidence review include plausible comparators for patients in the English NHS and are suitable for informing policy development. | |

Overall conclusions of the panel

The evidence available is not sufficient to support the development of a policy and thus the intervention should not be routinely commissioned

The clinical panel felt there was insufficient evidence to support long term use and further research is needed before a routinely commissioned policy can be adopted.

The clinical panel expressed some concern regarding the potential harms associated with long term antibiotic use.

Report approved by:

Jeremy Glyde
Clinical Effectiveness Team
16th December 2015