REPORT FROM CLINICAL PANEL

TITLE **D09X04**
Auditory brainstem implant in patients with congenital abnormalities of the auditory nerves or cochleae

CRG: Specialised Ear Services
NPOC: Trauma
Lead: Fiona Peaple

Date: 18 November 2015

Question	Conclusion of the panel	If there is a difference between the evidence review and the policy please give a commentary
<u>The population</u> 1. What are the eligible and ineligible populations defined in the policy 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 are the same or similar to the population(s) for which there is evidence of effectiveness considered in the evidence review	
<u>Population subgroups</u> 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?	The population subgroups defined in the policy are the same or similar as those for which there is evidence in the evidence review	

Outcomes - benefits 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	
Outcomes – harms 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 procedure has a risk profile that seems similar to other skull base procedures such as microvascular decompression surgery. This includes a 1-2% risk of intracranial bleeding, stroke or meningitis, a 1-2% risk to surrounding cranial nerves (particularly the facial, glossopharyngeal and vagal) and a 10-15% risk of CSF leak of whom half may require reoperation).
The intervention 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 comparator 6. Is the comparator in the policy the same as that in the evidence review? 7. Are the comparators in the evidence review the most plausible comparators	The comparator in the policy is the same as that in the evidence review The comparators in the evidence review include	Profound Deafness

for patients in the English NHS and are they suitable for informing policy development.	plausible comparators for patients in the English NHS and are suitable for informing policy development.	
Advice 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 • Issues with regard to value for money • Likely changes in the pathway of care and therapeutic advances that may result in the need for policy review.		No further advice (all advice from the July Clinical Panel noted / reviewed).

Overall conclusions of the panel

The policy reflects the findings of the clinical evidence review and should progress.

Report approved by:

James Palmer
Chair Clinical Panel