REPORT FROM CLINICAL PANEL

Title: **F02X04/01**
Immune Tolerance Induction (ITI) for haemophilia A (all ages)

CRG: Haemophilia
NPOC: Blood & Infection
Lead: Claire Foreman

Date: 16th 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
<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 population(s) defined in the policy is 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.	The Panel requested that the PWG provide greater clarity on the clinical rational for selecting only patients for treatment who are under the age of 18. The panel were anxious to understand if there are sub groups over the age of 18 where there may be evidence that could support treatment. The panel would like greater clarity regarding patients (for example new entrants to the country) who may be first exposed to exogenous factor VIII at an older age and

		develop inhibitors.
<u>Outcomes - benefits</u> 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.	
<u>Outcomes – harms</u> 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 populations in the policy.	
<u>The intervention</u> 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.	

<u>The comparator</u> 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.	
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	

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

The Clinical Panel supported the policy proposition for routine commissioning in principle, subject to amendments and clarifications, specifically:

- To reframe policy to recognise that ITI is currently routinely commissioned for children
- To set the commissioning criteria on the basis of clinical benefit not solely on aged 18 and under (define any sub-groups where there may be evidence to support treatment in patients over 18, possibly with recent exposure to exogenous factor VIII who develop inhibitors.

Report approved by:

James Palmer
27 January 2016