SPECIALISED COMMISSIONING - CLINICAL EVIDENCE EVALUATION CRITERIA FOR CLINICAL COMMISSIONING POLICY DEVELOPMENT

URN: F01X01
TITLE: Haematopoetic Stem Cell Transplantation (HSCT) [Review of Lymphoplasmacytic Lymphoma (LL) and Primary Central Nervous System Lymphoma (PCNSL)]

CRG: Blood and Marrow Transplantation
NPOC: Blood and Infection
Lead: Claire Foreman

Date: 20th January 2016

The panel were presented a policy proposal for routinely 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?	**Lymphoplasmacytic lymphoma (LL)** 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. **Primary Central Nervous System Lymphoma (PCNSL)** The ineligible population(s) defined in the policy are the same or similar to the population(s) for which there is evidence of lack of effectiveness or inadequate evidence of effectiveness demonstrated 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?	**LL** The population subgroups defined in the policy are the same or similar as those for which there is evidence in the evidence review.	Not relevant for PCNSL.
<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?	**LL** The clinical benefits demonstrated in the evidence review support the eligible population and/or subgroups presented in the policy. **PCNSL** The lack of benefit or absence of evidence of benefit demonstrated in the evidence review is consistent with the ineligible 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?	**LL & PCNSL** The clinical harms demonstrated in the evidence review are reflected in the eligible population and/or subgroups presented 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?	**LL & PCNSL** The intervention described in the policy the same or similar as in the evidence review.	
<u>The comparator</u> 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 for patients in the English NHS and are they suitable for informing policy development.	**LL** The comparator in the policy is the same as that in the evidence review. **LL** The comparators in the evidence review include plausible comparators for patients in the English NHS and are suitable for informing policy development.	*For PNCSL there were no relevant comparators.*
<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		*The panel agreed that the policy should move forward as proposed and the existing policy should be revised to include routine commissioning for LL and not routine commissioning for PCNSL.* *The panel requested that the list of indications not routinely commissioned was clearly set out within the policy.*

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.		*The panel also requested that the IFR statements be removed from sections 7.5 and section 10.* *The panel supported the proposed criteria for Teenagers & Young Adults.*

Overall conclusions of the panel

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

Report approved by:

James Palmer
Chair
27 January 2016