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

URN: F01X07
TITLE: Second allogenic haematopoietic stem cell transplant for relapsed disease

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

Date: 17th February 2016

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. Are the eligible and ineligible populations defined in the policy consistent with the evidence of effectiveness, and evidence of lack of effectiveness; and where evidence is not available for the populations considered 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	The clinical panel noted that the evidence is based primarily on case series, in a heterogeneous population.
<u>Population subgroups</u> 2. Are any population subgroups defined in the policy and if so do they match the subgroups considered by 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 policy proposition identifies the sub group of relapsed patients, for whom there is most likely to be a net benefit
<u>Outcomes - benefits</u> 3. Are the clinical benefits demonstrated in the evidence review consistent with the eligible population	The clinical benefits demonstrated in the evidence review support the eligible population and/or subgroups presented	The clinical panel noted the most recent evidence suggesting a 5 year survival of approximately 30%, which is likely to be greater than the rate of 5 year survival

and/or subgroups presented in the policy?	in the policy	that would be achieved for best supportive care and other interventions available.
<u>Outcomes – harms</u> 4. Are the clinical harms demonstrated in the evidence review reflected in the eligible and / or ineligible 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 panel noted that the harms of 2nd allogenic haematopoietic stem cell transplant are well known, and acknowledged that the policy proposition seeks to ensure that the selection criteria identify patients with a greater ability to withstand the intervention and its often very significant and life threatening compilations.
<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	The panel noted that the evidence base has developed over time, as has the intervention and accepted the evidence available as applying to the intervention as it is delivered today.
<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.	No comparator No comparator	
<u>Advice</u> The Panel should provide advice on matters relating to the evidence base and		The panel requested that the policy proposition be updated to include reference to the additional evidence

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.		identified since the original evidence review was completed. They also requested clear audit criteria requiring the outcomes from 2nd allogenic haematopoietic stem cell transplant for relapsed disease to be separately recorded and made available to commissioners.

Overall conclusions of the panel

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

Report approved by:
David Black
Clinical panel Chair (Panel B)
17/2/16

Post meeting note:

The Policy Working Group amended the policy proposition to reflect the changes requested by the Panel.