

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

URN: 1630

TITLE: Bendamustine for 1st line mantle cell lymphoma

CRG: Chemotherapy

NPOC: Cancer

Lead: Nicola McCulloch

Date: 16/11/16

This policy is	For routine commissioning	X	Not for routine commissioning	
Is the population described in the policy the same as that in the evidence review including subgroups?	The population is the same.			
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 is the same.			
Is the comparator in the policy the same as that in the evidence review? 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 comparator in the policy is the same as the comparator in the evidence review and this is a plausible comparator for patient in the English NHS.			
Are the clinical benefits demonstrated in the evidence review consistent with the eligible population and/or subgroups presented in the policy?	The benefits were improved progression free survival. The study did not demonstrate an increase in overall survival however, this was a non-inferiority study compared to standard treatment strategies.			
Are the clinical harms demonstrated in the evidence review reflected in the eligible and /or ineligible	The adverse effects of treatment are considered and may be less in comparison with comparators, such as RCHOP.			

population and/or subgroups presented in the policy?			
Rationale Is the rationale clearly linked to the evidence?	Yes.		
<u>Advice</u> The Panel should provide advice on matters relating to the evidence base and policy development and prioritisation. Advice may cover: <ul style="list-style-type: none"> • Uncertainty in the evidence base • Challenges in the clinical interpretation and applicability of policy in clinical practice • Challenges in ensuring policy is applied appropriately • Likely changes in the pathway of care and therapeutic advances that may result in the need for policy review. 	The proposition should proceed for routine commissioning as recommended. The panel considered three policy propositions for Mantel Cell Lymphoma and the epidemiology and other background information should be identical or consistent as appropriate for the three policies.		
Overall conclusion	This is a proposition for routine commissioning and	Should proceed for routine commissioning	X
		Should reversed and proceed as not for routine commissioning	
	This is a proposition for not routine commissioning and	Should proceed for not routine commissioning	
		Should be reconsidered by the PWG	

Overall conclusions of the panel

Report approved by:

James Palmer

Clinical Panel Chair

12/12/16