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

URN: 1629
TITLE: Bortezomib for relapsed/refractory mantle cell lymphoma

CRG: Chemotherapy
NPOC: Cancer
Lead: Nicola McCulloch
Date: 16/11/16

This policy is	For routine commissioning		Not for routine commissioning	X
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?	There was no comparator.			
Are the clinical benefits demonstrated in the evidence review consistent with the eligible population and/or subgroups presented in the policy? Are the clinical harms demonstrated in the evidence review reflected in the eligible and /or ineligible	The panel noted that the largest trial included in the evidence review reported only time to first response, time to progress and time to next therapy. The policy proposition therefore presented a not for routine commissioning position. Yes.			

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: • 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 not for routine commissioning as recommended. The panel noted that the largest trial included in the evidence review reported a limited set of outcomes; time to first response, time to progression and time to next therapy. The trial did not clearly demonstrate that the intervention was clinically effective. The policy proposition therefore presented a not for routine commissioning position. The panel noted that there were amendments needed to the policy proposition and that these should be made and approval sought from the Clinical Effectiveness team before the policy progresses to stakeholder testing.		
Overall conclusion	This is a proposition for routine commissioning and	Should proceed for routine commissioning	
		Should reversed and proceed as not for routine commissioning	
	This is a proposition for not routine commissioning and	Should proceed for not routine commissioning	X
		Should be reconsidered by the PWG	

Overall conclusions of the panel
Report approved by:
James Palmer
Clinical Panel Chair
14/12/16