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

URN: 1601
TITLE: Bortezomib for relapsed/refractory Waldenstrom's Macroglobulinaemia

CRG: Chemotherapy
NPOC: Cancer
Lead: Nicola McCulloch
Date: 18/11/17

This policy is being considered for:	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?	Yes.			
Is the intervention described in the policy the same or similar as the intervention for which evidence is presented in the evidence review?	Yes.			
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 evidence review demonstrated that the research evidence is weak and that there are no published studies comparing bortezomib with other treatments or standard care in patients with relapsed Waldenstrom's Macroglobulinaemia. This lack of comparator treatment was not plausible as an evidence base. There are significant harms of the intervention. The studies compared different dose regimens and there was no placebo or comparison with standard therapy to allow a strong enough base to support a policy for routine commissioning.			
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	Yes. Harms are significant.			

and /or ineligible 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.	It is appropriate for the policy to progress as a not for routine commissioning policy which is consistent with the evidence review provided. The Panel requested the sentence at the bottom of page 5 is removed.		
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	

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

Report approved by:
David Black
Clinical Panel Co-Chair
29/11/17