SPECIALISED COMMISSIONING - CLINICAL EVIDENCE EVALUATION CRITERIA FOR A PROPOSITION FOR A CLINICAL COMMISSIONING POLICY FOR NOT FOR ROUTINE COMMISSIONING

URN: 1602
TITLE: Clofarabine for refractory or relapsed acute myeloid leukaemia (AML) as a bridge to stem cell transplant

CRG: Chemotherapy
NPOC: Cancer
Lead: Sarah Scargill
Date: 17 January 2018

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?	Yes. This included a randomised control which did not show a net benefit for clofarabine plus cytarabine compared with cytarabine alone.			
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	No clinical benefit demonstrated in terms of survival. Panel noted that there may be more patients who achieved complete remission with clofarabine and cytarabine than with cytarabine alone, but this was offset by more deaths due to adverse events. There is no overall survival benefit demonstrated.			

reflected in the eligible and /or ineligible population and/or subgroups presented in the policy?	Yes.		
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.	Agree that the policy proposition continues as it currently states, as not for routine commissioning.		
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:
David Black
Deputy Medical Director / Specialised Services Co-Chair
26 January 2018