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

URN: 1673
TITLE: Infliximab for refractory sarcoidosis

CRG: Specialised respiratory
NPOC: Internal medicine
Lead: Ursula Peaple
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?	The policy proposition includes pulmonary sarcoidosis and neurosarcoidosis. The evidence review includes some papers which include patients with neurosarcoidosis. The outcomes are not separated out to a significant extent. However, the panel recognised the poor quality of the research available, and the variability of neurological outcome measures reported. Panel noted the availability of only one randomised control trial. This was a phase II randomised double blind controlled trial compared infliximab to placebo. Improvements were reported in both groups of patients in this study. However no significant differences between the groups were reported. This trial closed early due to poor recruitment and was therefore underpowered to detect a difference between the groups.			
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	The comparator was a placebo in the only RCT reported. This is one plausible comparator, although other comparators would be likely to include high dose steroids and other immunosuppressive drugs. Other comparators would be more plausible than placebo for severely affected patients with refractory disease.			

development?			
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 population and/or subgroups presented in the policy?	The Phase II study did demonstrate some radiological benefit on chest x ray but no quality of life measure was shown to be statistically significant. The clinical harms are outlined in the documentation. Panel noted that these can be significant.		
Rationale Is the rationale clearly linked to the evidence?	The rationale is linked to the uncertainty in the evidence base and lack of convincing evidence of net benefit in the studies available.		
<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 proposal should move forward as recommended. Clinical Panel noted that the consultation should identify if there is any other published evidence that may need to be considered and was not identified in the evidence review.		
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
Clinical Panel Co-Chair
28/11/17