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

URN: 1670
TITLE: Total pancreatectomy with islet autotransplant for chronic pancreatitis

CRG: Hepatobiliary and pancreas
NPOC: Internal medicine
Lead: Sarah Watson

Date: 20/09/17

The panel were presented a policy proposal for routine commissioning.

| Question | Conclusion of the panel |
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| Advice<br>The Panel should provide advice on matters relating to the evidence base and policy development and prioritisation. Advice may cover:<br>• Uncertainty in the evidence base<br>• Challenges in the clinical interpretation and applicability of policy in clinical practice<br>• Challenges in ensuring policy is applied appropriately<br>• Issues with regard to value for money<br>• Likely changes in the pathway of care and therapeutic advances that may result in the need for policy review. | The Panel discussed the policy proposition and raised the following queries requiring further amendment:<br>• The Panel queried the place of total pancreatectomy without islet transplant in the pathway and asked the PWG to ensure that this made clearer.<br>• The Panel understand that total pancreatectomy is commissioned and available to patients. The literature review did include total pancreatectomy without islet auto transplant as a comparator treatment for chronic pancreatectomy. One study from the United States and one from the UK were identified and both were published in 2013. The policy needs to make clear that total pancreatectomy without islet auto transplant is an option available for patients. If this is not the case the reasons for this need to be evidenced. The panel were of the view that limitations in the quality of the evidence made it very uncertain whether the addition of islet transplantation affected the degree to which pain was reduced following pancreatectomy and noted that any additional benefit of islet transplantation would be on glycaemic control.<br>• Under the heading of exclusions the policy wording states; 'TP IAT will not be performed in patients with active alcohol dependence, active illicit substance abuse, or untreated/uncontrolled psychiatric illness that could be expected to impair the patient's ability to adhere to complicated medical management…'. This could be misinterpreted and should be replaced with a phrase that patients unable to adhere to the complicated medical management required should not be offered TP IAT. This is because of the increased clinical risk to patients.<br>• Reference to 'support networks' should be |

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| | removed.<br>• The Panel noted that the Pathway in Section 9 was very detailed. The first page of the flow chart is very helpful. The subsequent pages starting 'Phase 1' are excessively detailed and this is not needed in a clinical commissioning policy. A policy needs to define the clinical criteria and relevant detail needed to ensure that eligible patients can be identified along with clinical exclusions and stopping criteria. Guideline and service specification type Information should not be included; detail on for example, the definition of an MDT, must be removed as it is outside the scope of the literature review and is more usefully included in the service specification.<br>• The commissioning plan will need to include details on centres eligible to provide the intervention.<br><br>The benefits from the research are largely based on case series and the Panel were not convinced that there would be real and significant differences in the outcome of pain between pancreatectomy with and without islet transplantation. It is noted that the benefit relates to glucose control and there are limited long term outcomes on the benefits and durability of improved diabetic control. There was no evidence presented on any differences in outcomes related to complications of diabetes.<br><br>The panel concluded that pancreatectomy is effective at reducing pain caused by chronic pancreatitis. The Panel are uncertain whether the addition of islet auto transplantation has been demonstrated in the evidence available to result in a clinically significant and durable improvement in metabolic outcomes for patients.<br><br>The amended policy should return to the next Clinical Panel meeting. |

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

The amended policy should return either via Chair's action or to return to the next Clinical Panel meeting.

Report approved by:

David Black

Clinical Panel Co-Chair

27/09/17