SPECIALISED COMMISSIONING - CLINICAL EVIDENCE EVALUATION CRITERIA FOR CLINICAL COMMISSIONING POLICY DEVELOPMENT

URN: B14X07
TITLE: Surgical sperm retrieval for male infertility

CRG: Specialised urology
NPOC: Cancer
Lead: Nicola McCulloch

Date: 20th January 2016

The panel were presented a policy proposal for routine commissioning

Question	**Conclusion of the panel**	**If there is a difference between the evidence review and the policy please give a commentary**
<u>The population</u> 1. What are the eligible and ineligible populations defined in the policy and are these consistent with populations for which evidence of effectiveness is presented in the evidence review?	A: The eligible population(s) defined in the policy are the same or similar to the population(s) for which there is evidence of effectiveness considered in the evidence review	
<u>Population subgroups</u> 2. Are any population subgroups defined in the policy and if so do they match the subgroups for which there is evidence presented in the evidence review?	A: The population subgroups defined in the policy are the same or similar as those for which there is evidence in the evidence review	Males about to undergo chemotherapy which will render them infertile, how does the policy apply to them?

Outcomes - benefits 3. Are the clinical benefits demonstrated in the evidence review consistent with the eligible population and/or subgroups presented in the policy?	A: The clinical benefits demonstrated in the evidence review support the eligible population and/or subgroups presented in the policy	Benefits are for successful sperm-retrieval, however, less evidence for successful pregnancy.
Outcomes – harms 4. Are the clinical harms demonstrated in the evidence review reflected in the eligible population and/or subgroups presented in the policy?	A: The clinical harms demonstrated in the evidence review are reflected in the eligible population and/or subgroups presented in the policy	Limited information for harms, however, this is considered a low risk procedure.
The intervention 5. Is the intervention described in the policy the same or similar as the intervention for which evidence is presented in the evidence review?	A: The intervention described in the policy the same or similar as in the evidence review	
The comparator 6. Is the comparator in the policy the same as that in the evidence review?		N/A

7. 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.		N/A
<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 • Issues with regard to value for money • Likely changes in the pathway of care and therapeutic advances that may result in the need for policy review.		Clarify stopping criteria: Not clear how often the procedure is offered. Clarify: How the policy applies to males about to undergo chemotherapy Highlighted implications for CCGs and for patients for whom this may be funded, due to links with fertility treatment

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

The policy reflects the findings of the clinical evidence review. It should progress as a routinely commissioned policy following suggested updates.

Report approved by:

Jeremy Glyde
Clinical Effectiveness Team
10 February 2016