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

URN: 1607
TITLE: Bendamustine with rituximab for relapsed indolent non-hodgkin's lymphoma

CRG: Chemotherapy
NPOC: Cancer
Lead: Nicola McCulloch
Date: 18/07/18

This policy is being considered for:	For routine commissioning	X	Not for routine commissioning	
Is the population described in the policy the same as that in the evidence review including subgroups?	Not entirely. The pivotal study included some patients previously treated with bendamustine and the analysis was not intention to treat. A proportion of the patients appeared to have indolent lymphoma but it was unclear whether all the patients in the studies were patients with indolent non-Hodgkin's lymphoma.			
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?	No. There is no published evidence for the unlicensed use of bendamustine plus rituximab compared with current standard treatments of interest: FCR (fludarabine, cyclophosphamide and rituximab); Rituximab + chlorambucil (RCbl); Rituximab + CVP (cyclophosphamide, vincristine and prednisolone); and Cyclophosphamide and dexamethasone. The comparator was fludarabine with rituximab, a standard treatment at the time that the studies were conducted.			
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	There are some clinical benefits demonstrated however it was unclear how these benefits compare to currently available treatments. It is therefore unclear whether the treatment demonstrated superiority to current treatment. No quality of life benefit was described. Yes. However it was unclear whether the harms were significantly different to the currently available treatments.			

evidence review reflected in the eligible and /or ineligible population and/or subgroups presented in the policy?			
Rationale Is the rationale clearly linked to the evidence?	The Panel requested that the Policy Working Group revise the policy for bendamustine with rituximab for relapsed indolent non-hodgkin's lymphoma to not for routine commissioning. This is because Clinical Panel determined that the evidence of effectiveness does not provide sufficient evidence that this treatment combination is either more effective or safer / fewer adverse events compared with currently commissioned alternative treatment combinations.		
<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.	Clinical Panel recognised the potential value to patients of additional treatment options. However, Clinical Panel request that the policy is revised to 'not for routine commissioning', given the lack of evidence of effectiveness of bendamustine and rituximab for this group of patients compared with currently available standard treatment alternatives Clinical panel also noted that is a 2018 published NICE pathway for the diagnosis and management of NHL that does not make any recommendations on the use of bendamustine plus rituximab (B-R) for relapsed or refractory NHL. The revised policy should be returned to the Clinical Panel Chair for sign off prior to commencing stakeholder testing.		
Overall conclusion	This is a proposition for routine commissioning and	Should proceed for routine commissioning	
		Should reversed and proceed as not for routine commissioning	X

	This is a proposition for not routine commissioning and	Should proceed for not routine commissioning	
		Should be reconsidered by the PWG	

Overall conclusions of the panel
Report approved by:
David Black
Clinical Panel Chair
23/07/2018

Post meeting note:
Following stakeholder testing, the Policy Working Group (PWG) and Programme of Care Board requested that Clinical Panel reviewed its assessment that Bendamustine with rituximab for relapsed indolent non-hodgkin's lymphoma should not be routinely commissioned. Clinical Panel were informed that no new research evidence was submitted as part of stakeholder testing. Clinical panel understood that there is some clinical support that bendamustine with rituximab for relapsed indolent non-hodgkin's lymphoma should be routinely commissioned but evidence of effectiveness remained insufficient and therefore the original decision of Clinical Panel continues to stand.