

**CLINICAL PRIORITIES ADVISORY GROUP
02 April 2019**

Agenda Item No	05.1
National Programme	Trauma
Clinical Reference Group	Spinal Services
URN	1750

Title
Vertebral Body Tethering for Scoliosis (age 8-18 years)

Actions Requested	1. Agree the policy proposition
	2. Recommend adoption as an in-year service development

Proposition
Not for routine commissioning.
Vertebral body tethering is a new procedure for the treatment of idiopathic scoliosis in adolescents. This procedure has never been routinely commissioned by the NHS but some patients in this country have received this treatment abroad.

Clinical panel recommendation
The Clinical Panel recommended that the policy progress as a not for routine commissioning policy.

The committee is asked to receive the following assurance:	
1.	The Head of Clinical Effectiveness confirms the proposal has completed the appropriate sequence of governance steps and includes an: Evidence Review; Clinical Panel Report.
2.	The Head of Acute Programmes confirms the proposal is supported by an: Impact Assessment; Stakeholder Engagement Report; Consultation Report; Equality Impact and Assessment Report; Clinical Policy Proposition. The relevant National Programme of Care has approved these reports.
3.	The Director of Finance (Specialised Commissioning) confirms that the impact assessment has reasonably estimated a) the incremental cost and b) the budget impact of the proposal.

4.	The Director of Clinical Programmes (Specialised Commissioning) confirms that the service and operational impacts have been completed.
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The following documents are included (others available on request):	
1.	Clinical Policy Proposition
2.	Consultation Report
3.	Evidence Review
4.	Clinical Panel Report
5.	Equality Impact and Assessment Report

The Benefits of the Proposition		
<i>No</i>	<i>Metric</i>	<i>Summary from evidence review</i>
1.	Survival	
2.	Progression free survival	
3.	Mobility	
4.	Self-care	
5.	Usual activities	
6.	Pain	
7.	Anxiety / Depression	
8.	Replacement of more toxic treatment	
9.	Dependency on care giver / supporting independence	
10.	Safety	<p>Ames RJ, Samdani AF and.Betz RR Operative Techniques in Orthopaedics 2016; 26: 247-257 reported that five patients out of 25 required repeat surgery to loosen the tether in order to treat or prevent over-correction.</p> <p>Newton PO, Kluck DG, Saito W, Yaszay B, Bartley CE, Bastrom TP Journal of Bone and Joint Surgery (American) 2018; 100: 1691-1697 reported that seven out of the 17 patients in their study required revision surgery (i.e. the procedure was not successful) and that eight out of the 17 patients in their study had a broken tether.</p>

11.	Delivery of intervention	
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Other health metrics determined by the evidence review		
No	Metric	Summary from evidence review
1.	Correction of scoliotic curve	<p>The Cobb angle is a measure of the curvature of the spine in degrees. A Cobb angle of 10 degrees is regarded as the minimum angulation to define scoliosis.</p> <p>Samdani A, Ames R, Kimball J, Pahys J, Grewal H, Pelletier G, Betz RR <i>European Spine Journal</i> 2015; 24: 1533-1539 reported the results at one year after surgery for 32 patients. They report a mean pre-operative Cobb Angle of 42.8 degrees, and a mean Cobb angle on first erect of 21 degrees i.e. a reduction of approximately 50%.</p> <p>Ames RJ, Samdani AF and Betz RR <i>Operative Techniques in Orthopaedics</i> 2016; 26: 247-257 reported a mean Cobb angle of 14 degrees in 25 patients at skeletal maturity.</p> <p>Newton PO, Kluck DG, Saito W, Yaszay B, Bartley CE, Bastrom TP <i>Journal of Bone and Joint Surgery (American)</i> 2018; 100: 1691-1697 reported that 10 of the 17 patients in their study had maintained a Cobb angle less than 35 degrees by the time of the last follow up.</p>

Considerations from review by Rare Disease Advisory Group
Not applicable.

Pharmaceutical considerations
Not applicable.

Considerations from review by National Programme of Care
The proposal received the support of the Trauma PoC Board on the 27th March 2019.