

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

URN: 1750

TITLE: Vertebral body tethering as a treatment for scoliosis

CRG: Spinal Injury

NPOC: Trauma

Lead: [REDACTED]

Date: 15/08/2018

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?	Yes.			
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?	The studies are limited to case series and there is no published research directly evidence comparing this with other interventions used to treat scoliosis.			
Are the clinical benefits demonstrated in the evidence review consistent with the eligible population and/or subgroups presented in the policy?	No.			
Are the clinical harms demonstrated in the evidence review reflected in the eligible	Yes.			

and /or ineligible population and/or subgroups presented in the policy?			
Rationale Is the rationale clearly linked to the evidence?	Yes.		
<u>Advice</u> The Panel should provide advice on matters relating to the evidence base and policy development and prioritisation. Advice may cover: <ul style="list-style-type: none"> • 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. 	<p>Clinical Panel supported the not for routine commissioning position as the evidence of effectiveness was extremely limited. There were no controlled studies. The follow up periods were limited and the number of patients in total across the published studies did not exceed 40. Panel noted the potential for overcorrection as a potential adverse effect of Vertebral body tethering and the need for further surgery.</p> <p>Panel also noted that there are routinely commissioned treatments available for scoliosis with better evidence of benefit.</p> <p>Panel recognises that vertebral body tethering could be a potentially effective treatment option for an appropriate subgroup of patients but at present remains experimental. Vertebral body tethering is a promising area for further research and this has been previously identified as a potential research priority. Further research may demonstrate more clearly the clinical benefit, adverse effects and provide a better evidence base to inform commissioning policy, and better inform patients and clinicians about the benefits and harms.</p> <p>The evidence review needs amending to remove the name of who completed the evidence review. Reference to table 3 needs removing.</p>		
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 Chair
28/08/18