

**CLINICAL PRIORITIES ADVISORY GROUP  
05 02 2019**

<b>Agenda Item No</b>	02.3
<b>National Programme</b>	Cancer
<b>Clinical Reference Group</b>	Chemotherapy
<b>URN</b>	1851

<b>Title</b>
Pazopanib for inoperable and metastatic malignant granular cell tumour (all ages)

<b>Actions Requested</b>	1. Support the adoption of the policy proposition.
	2. Recommend its approval as an IYSD.

<b>Proposition</b>
<p>The policy statement recommends that pazopanib, an off-label chemotherapy drug in this indication, should not be routinely available for inoperable and metastatic malignant granular cell tumours.</p> <p>The treatment is not currently available for this indication and therefore does not alter the current commissioning position. Following consideration of the available evidence, the Clinical Panel determined that the use of pazopanib in this indication was experimental.</p>

<b>Clinical Panel recommendation</b>
The Clinical Panel recommended that the policy progress as a not for routine commissioning policy statement.

<b>The committee is asked to receive the following assurance:</b>	
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 Statement The relevant National Programme of Care Board 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 Clinical Programmes Director (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.	Engagement Report
3.	Clinical Panel Report
4.	Equality Impact and Assessment Report

No	Metric	Summary from evidence review
1.	Survival	Not reported.
2.	Progression free survival	In a case report by Stone McGuire et al 2014 the patient was seen six months after starting pazopanib with no evidence of local recurrence.  This study was in a single patient. There is no reliable evidence that pazopanib improves outcomes.
3.	Mobility	Not reported.
4.	Self-care	Not reported.
5.	Usual activities	Not reported.
6.	Pain	Not reported.
7.	Anxiety / Depression	Not reported.
8.	Replacement of more toxic treatment	Not reported.
9.	Dependency on care giver / supporting independence	Not reported.
10.	Safety	Not reported.
11.	Delivery of intervention	Not reported.

**Considerations from review by Rare Disease Advisory Group**

Not applicable.

**Pharmaceutical considerations**

This policy statement does not recommend pazopanib for the treatment of patients

with granular cell tumours. This would be an off label use of pazopanib. It is excluded from tariff.

**Considerations from review by National Programme of Care**

The proposal received the full support of the Cancer PoC Board on 6<sup>th</sup> December 2018.

**SECTION 2 – IMPACT REPORT (Not included in CPAG Papers, section 2 only)**

No	Item	N/Cost £K	Level of uncertainty
1.	Number of patients affected in England	<1	
2.	Total cost per patient over 5 years	0	Given the rarity of this disease, no finance model has been completed. This policy is for not routine commissioning.
3.	Budget impact year 1	0	See above.
4.	Budget impact year 2	0	See above.
5.	Budget impact year 3	0	See above.
6.	Budget impact year 4	0	See above.
7.	Budget impact year 5	0	See above.
8.	Total number of patients treated over 5 years	0	See above.
9.	Net cost per patient treated over 5 years	0	See above.
Key additional information:			
N/A			