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

URN: 1851
TITLE: Pazopanib monotherapy for metastatic malignant granular cell tumour

CRG: Chemotherapy
NPOC: Cancer
Lead: [redacted]
Date: 17/10/18

This policy is being considered for:	For routine commissioning		Not for routine commissioning	X
Is the population described in the policy similar to that in the evidence reviewed, including subgroups?	This is partially true, each paper provided an individual case study with differences in the clinical characteristics and for one patient, the accuracy of their clinical history was not clear.			
Is the intervention described in the policy similar to the intervention for which evidence is presented in the evidence review?	As above.			
Are the comparators in the evidence reviewed plausible clinical alternatives within the NHS and are they suitable for informing policy development?	As above. The papers provided to support the Preliminary Policy Proposal (PPP) were individual case studies therefore there was no comparator.			
Are the clinical benefits described in the evidence review likely to apply to the eligible population and/or subgroups in the policy?	There was limited follow up duration in the three patients with the longest reported follow up being 7 months, at which point the patient discontinued treatment.			
Are the clinical harms described in the evidence review likely to apply to the eligible and /or ineligible population and/or subgroups in the policy?	There was limited follow up duration in three patients with the longest reported follow up being 7 months, at which point the patient discontinued treatment.			
The Panel should provide advice on matters relating to the evidence base and policy development and	The Panel noted that the Preliminary Policy Proposal for this topic was received in July 2018 and it was agreed that a policy statement confirming that the intervention was 'not for routine commissioning' would be drafted. This was on the basis that, although demonstrating some			

<table>
<tr><td>prioritisation. Advice may cover:
Balance between benefits and harms
Quality and 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.</td><td colspan="3">early promise, each of the papers submitted with the PPP provided evidence on an individual case with limited follow up in all three cases. Panel recognised the serious and rare nature of the condition, however, Panel considered that the use of pazopanib in malignant granular cell tumours should be considered as experimental at this time. There is insufficient evidence to support routine commissioning.

Panel agreed that the policy statement should continue for stakeholder testing.</td></tr>
<tr><td rowspan="4">Overall conclusion</td><td rowspan="2">This is a proposition for routine commissioning and</td><td>Should proceed for routine commissioning</td><td></td></tr>
<tr><td>Should be reversed and proceed as not for routine commissioning</td><td></td></tr>
<tr><td rowspan="2">This is a proposition for not routine commissioning and</td><td>Should proceed for not routine commissioning</td><td>X</td></tr>
<tr><td>Should be reconsidered by the PWG</td><td></td></tr>
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Report approved by:

David Black
Deputy Medical Director, Specialised Services
14 November 2018