

Consultation Report

Topic details

Title of policy or policy statement:	Temozolomide as adjuvant treatment for people with newly diagnosed anaplastic astrocytoma without 1p/19q codeletion following surgery and radiotherapy (Adults)
Programme of Care:	Cancer
Clinical Reference Group:	Chemotherapy
URN:	1691

1. Summary

This report summarises the outcome of a public consultation that was undertaken to test the policy proposal.

2. Background

Anaplastic astrocytomas are fast growing, rare brain cancers. These tumours are more common in adults between the ages of 30 and 70 years and are more common in males. Overall about 27% of people diagnosed with anaplastic astrocytoma live for five years or more (The Brain Tumour Charity, 2015).

Surgery is usually the primary treatment option for people with anaplastic astrocytomas in order to remove as much of the tumour as possible. This is usually followed adjuvant treatment involving radiotherapy, to reduce the risk of the cancer coming back. Some people may also have chemotherapy after surgery. However, not all people respond to standard chemotherapy medicines.

This policy considers whether temozolomide, an unlicensed medicine in this indication, should be added as an additional adjuvant treatment option for people with newly-diagnosed anaplastic astrocytoma who have been already treated with surgery and radiotherapy.

This policy is for routine commissioning and has been subject to stakeholder testing and public consultation in line with the standard Methods.

3. Publication of consultation

The policy was published and sign-posted on NHS England's website and was open to consultation feedback for a period of 30 days from 12th July 2019 to 11th August 2019. Consultation comments have then been shared with the Policy Working Group (PWG) to enable full consideration of feedback and to support a decision on whether any changes to the policy might be recommended.

Respondents were asked the following consultation questions:

- Has all the relevant evidence been taken into account?

- Does the impact assessment fairly reflect the likely activity, budget and service impact? If not, what is inaccurate?
- Does the policy proposition accurately describe the current patient pathway that patients experience? If not, what is different?
- Please provide any comments that you may have about the potential impact on equality and health inequalities which might arise as a result of the proposed changes that have been described?
- Are there any changes or additions you think need to be made to this document, and why?

4. Results of consultation

There were three responses to public consultation, of which: (i) one response was from a professional association (Royal College of Radiologists); (ii) one response was from a patient charity (The Brain Tumour Charity) and (iii) one response was from an individual clinician. All three respondents fully supported the draft clinical commissioning policy.

The following comments were raised:

- Two respondents queried the total cost of treatment included in the impact assessment. These respondents went on to highlight that since availability of the interim study results (supporting the development of this policy) temozolomide had already been incorporated into practice in some Trusts.
- One respondent highlighted that a 16-17 year old with this diagnosis would be offered the same treatment and was unsure why the policy is only for adults.

5. How have consultation responses been considered?

Responses have been carefully considered and noted in line with the following categories:

- Level 1: Incorporated into draft document immediately to improve accuracy or clarity
- Level 2: Issue has already been considered by the CRG in its development and therefore draft document requires no further change
- Level 3: Could result in a more substantial change, requiring further consideration by the CRG in its work programme and as part of the next iteration of the document
- Level 4: Falls outside of the scope of the specification and NHS England's direct commissioning responsibility

All responses to public consultation have been graded as Level 2.

6. Has anything been changed in the policy as a result of the consultation?

Responses to public consultation have been reviewed by the Policy Working Group (PWG) and the Cancer Programme of Care (PoC). No changes have been made to the policy proposition and feedback is as follows:

- NHS England does not currently commission temozolomide in this indication and for this reason the impact assessment has been calculated with the assumption that this would be a new, additional treatment for eligible patients. In calculating costs, NHS England has to consider not only drug costs but also the costs associated with the delivery of treatment.

- Development of the clinical commissioning policy is based on the findings of a key international randomised control trial (van der Bent, 2017). This trial was for people aged over 18 years only and the clinical criteria in the policy have been developed in line with this evidence. However, 16 - 18-year olds would be able to access the treatment under NHS England's Commissioning Medicines for Children in Specialised Services Policy.

7. Are there any remaining concerns outstanding following the consultation that have not been resolved in the final policy proposal?

None.