Consultation Report

Topic details

Title of policy or policy statement:	Dexrazoxane for preventing cardiotoxicity in children and young people (< 25 years) receiving high-dose anthracyclines or related drugs for the treatment of cancer
Programme of Care:	Cancer
Clinical Reference Group:	Children and Young Adult Cancer Services
URN:	1825

1. Summary

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

2. Background

Common treatments for children and young people with cancer include surgery, chemotherapy and radiotherapy, which may be given in combination. Anthracyclines are a group of chemotherapy medicines that work by stopping cancer cells from replicating. Anthracyclines are commonly used to treat children and young people with leukaemia or lymphoma.

Treatment with anthracyclines can achieve high cure rates (almost 80%), however, they can cause long-term side effects including damage to the heart, known as cardiotoxicity. These effects may not be seen for some time after treatment finishes.

Dexrazoxane belongs to a group of medicines which protect the heart from damage. It is administered at the same time as anthracyclines and is thought to prevent cardiotoxicity. This policy proposition considers whether dexrazoxane should be routinely commissioned for use in children and young people undergoing high intensity treatment with anthracyclines.

The policy proposition has been subject to stakeholder testing and public consultation in line with the standard processes.

3. Publication of consultation

The policy proposition was published and sign-posted on NHS England's website and was open to consultation feedback for a period of 30 days from 23 July 2019 to 22 August 2019. Consultation comments have 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? If you selected 'No', please give details
- Does the impact assessment fairly reflect the likely activity, budget and service impact? - If you selected 'No', what is considered to be inaccurate?
- Does the policy proposition accurately describe the current patient pathway that patients experience? - If you selected 'No', what is considered to be 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 the public consultation - two responses were received from individual clinicians (i.e. not responding on behalf of an organisation) and one from an individual who works as a professional in a not-for profit organisation.

All three respondents fully supported the draft policy proposition. Two of the respondents suggested no further amendments or comments on the draft policy proposition. The final respondent (individual clinician) queried why the proposition did not account for the treatment of children with renal tumours receiving treatment with both with anthracyclines (less than 300mg_m2) and lung radiotherapy.

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 have been graded as Level 2.

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

No changes have been made to the policy as a result of public consultation. Feedback from the PWG is as follows:

- The policy proposition relates to high-dose anthracycline-induced damage specifically in line with the available clinical evidence. For this reason, patients

receiving less than 300mg m2 of anthracyclines have been excluded from the policy proposition.

- It is important to note that the policy proposition is not tumour or disease specific. It will apply to children and young people who are receiving treatment with high-dose anthracyclines and who also meet the relevant clinical criteria as set out in the policy proposition.

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

None.