Consultation Report

Topic details

Title of policy or policy statement:	Bendamustine for relapsed multiple myeloma (all ages)
Programme of Care:	Cancer
Clinical Reference Group:	Chemotherapy
URN:	1608

1. Summary

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

2. Background

The policy proposition recommends that bendamustine should not be made routinely available for relapsed multiple myeloma, which is a rare and incurable form of blood cancer. Bendamustine is not licensed for this indication.

Chemotherapy is the main treatment option for multiple myeloma and a wide range of alternative drugs are routinely available. It is common for patients to undergo multiple episodes of relapse, treatment and remission. Bendamustine is usually the last treatment option used after all others have been exhausted and the alternative to bendamustine is usually best supportive care / palliative care.

In developing the policy proposition, an evidence review was undertaken. This found insufficient evidence demonstrating net benefit to patients. The policy proposition has been through stakeholder testing and public consultation.

3. Publication of consultation

The proposition was published and sign-posted on NHS England's website and was open to consultation feedback for a period of 60 days from 14th September 2018 till 13th November 2018. 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 seven responses to public consultation, of which: (i) four respondents were individual clinician responses, (ii) two from service providers (organisation details were not provided); and (iii) one response was received from a patient charity (Myeloma UK).

Of the seven responses received, four respondents (3 individual clinicians and one service provider) supported the evidence base for this policy proposition and agreed that the impact had appropriately been considered.

The remaining respondents raised the following concerns:

- Respondents felt that the evidence base had not been appropriately considered. One respondent raised that the patient group suitable for bendamustine would be small and therefore randomised control trials in this group would be difficult to perform and that there would be little industry interest in supporting such trials. In addition, another respondent referenced a paper which in their opinion demonstrated the efficacy of bendamustine for this indication.
- Respondents did not think that the impact of the policy had been appropriately understood. These respondents referenced that the costs of making this treatment available would be small as bendamustine is a cheaper drug in comparison to other lines of treatment and the patient group suitable for the treatment would be small.
- Respondents did not think that the policy proposition included an accurate and up to date list of existing treatments; these respondents referenced other treatments currently available through the Cancer Drugs Fund for the treatment of this condition.

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?

The PWG and Cancer Programme of Care (PoC) have considered the responses received and have responded as follows:

- When developing clinical policy, NHS England will only consider published, peer reviewed, clinical trial data in line with our Methods. The additional paper referenced by one respondent fell outside of the PICO criteria and therefore would not have been considered as part of the development of this policy.
- The decision to proceed with a not for routine commissioning policy is based on the available clinical evidence. Clinical Panel supported the proposition to progress for routine not commissioning because of the lack of evidence of net benefit for patients. The financial impact of the policy is considered at a later stage in the process.

- The patient pathways and current treatment options described in the policy proposition reflect either existing NHS England clinical policy or Technology Appraisal Guidance published by the National Institute of Health and Care Excellence (NICE). It is recognised that some treatments are available through the CDF, however, these are not routinely available and are subject to change. It is for this reason that such treatments are not usually stated within NHS England clinical commissioning policy. Finally, the routinely available treatments described in the Policy were determined by the PWG which included haematologists currently involved in the treatment of multiple myeloma.

As a result, no changes have been made to the content of this policy.

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

None.