Engagement Report

Topic details

Title of policy or policy statement:	Plerixafor for stem cell mobilisation in adults and children
Programme of Care:	Blood & Infection
Clinical Reference Group:	Blood and Marrow Transplantation
URN:	1902

1. Summary

This report summarises the feedback we received from engagement during the development of this revision of a current policy, and how this feedback has been considered.

Stakeholders were included in the policy working group. The revised draft policy proposition was distributed to stakeholders via email for a period of two weeks of stakeholder testing between 8th to 22nd October 2019.

Stakeholders were asked to submit their responses via email, using a standard response and in line with NHS England's standard processes for developing clinical policies.

Three responses were received: Two charities and one individual responded. All respondents actively supported the draft policy proposition.

2. Background

Haematopoietic stem cells (HSC) are special cells produced by bone marrow that can turn into different types of blood cells. An HSC transplant (HSCT), also known as blood and marrow transplantation, replaces damaged blood cells with healthy ones. HSCT is used to treat selected blood cell tumours and solid organ tumours. Autologous HSCT means that healthy stem cells are removed from a person, and later given back to that same person, rather than using stem cells from a donor (NHS, 2018).

Before HSCT, a process called stem cell 'mobilisation' dislodges the stem cells from the bone marrow. This process currently uses a growth factor (G-CSF) with or without chemotherapy to stimulate the bone marrow to produce more stem cells. Stem cells move from the bone marrow to the veins, which can then be collected (harvested) and prepared for the HSCT.

In about 10–20% of cases, mobilisation with G-CSF with or without chemotherapy does not dislodge enough stem cells from the bone marrow. A second attempt may use stronger chemotherapy, or a medication called plerixafor.

Plerixafor is a medication that can be used to dislodge stem cells more effectively. Plerixafor can be used either after G-CSF in people with a low level of circulating

stem cells on the day of harvesting, known as pre-emptive treatment, or after an unsuccessful harvest attempt, known as rescue treatment.

NHS England currently commissions plerixafor as either a pre-emptive or a rescue treatment for HSC mobilisation for specific blood cancers (multiple myeloma and lymphoma) in people of any age, and specific solid tumours in people aged 24 years or under. Under current policies, two groups of patients are not eligible for plerixafor, even though they may be eligible for HSCT. These groups are:

1) People of any age with blood cancers other than multiple myeloma and lymphoma (e.g. acute promyelocytic leukaemia (aPML)), chronic lymphocytic leukaemia (CLL)); or a haematological paraneoplastic complication (e.g. AL amyloidosis) in line with NHS England commissioned indications for autologous HSCT.
2) People aged over 24 years with specific solid tumours (e.g. Germ cell tumour, Ewing's and soft tissue sarcoma and medullablastoma) in line with NHS England commissioned indications for autologous HSCT.

This policy proposition considers the effectiveness and safety of plerixafor as a pre-emptive or rescue treatment in HSC mobilisation in the above groups.

In addition, this policy proposition incorporates the existing Clinical Commissioning Policy: Use of Plerixafor for Stem Cell Mobilisation (Update) NHS England B04/P/b into a single policy which supports the use of plerixafor for HSC mobilisation for autologous HSCT in adults and children commissioned routinely by NHS England.

NHS England has carefully reviewed the evidence for the use of plerixafor for HSC mobilisation in selected cohorts of patients which are not covered by existing policies. We have concluded that there is enough evidence to make the treatment available at this time for people of any age with any type of blood cancer; and for people of any age with specific solid tumours, who are scheduled for autologous HSCT in accordance with national commissioned indications.

A final decision as to whether plerixafor for haematopoietic stem cell mobilisation for autologous haematopoietic stem cell transplant in adults and children will be routinely commissioned will made by NHS England following a recommendation from the Clinical Priorities Advisory Group.

3. Engagement

NHS England has a duty under Section 13Q of the NHS Act 2006 (as amended) to 'make arrangements' to involve the public in commissioning. Full guidance is available in the Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning. In addition, NHS England has a legal duty to promote equality under the Equality Act (2010) and reduce health inequalities under the Health and Social Care Act (2012).

The policy proposition was sent for stakeholder testing for two weeks from 8th October to 22nd October. The comments have then been shared with the Policy Working Group to enable full consideration of feedback and to support a decision on whether any changes to the proposition might be recommended.

Respondents were asked the following questions:

- Do you support the proposition for Plerixafor to be available for stem cell mobilisation in adults and children through routine commissioning based on the evidence review and within the criteria set out in this document?

- Do you believe that there is any additional information that we should have considered in the evidence review? If so, please give brief details.
- Do you believe that there are any potential positive and/or negative impacts on patient care as a result of making this treatment option available? If so, please give details.
- Do you have any further comments on the proposition? If Yes, please describe below, in no more than 500 words, any further comments on the proposed changes to the document as part of this initial 'sense check'.
- Please declare any conflict of interests relating to this document or service area.

A 13Q assessment has been completed following stakeholder testing.

The Programme of Care has recommended that the proposition offers a clear and positive impact on patient treatment, by revising the policy for Plerixafor to potentially extend the use of a treatment which widens the range of treatment options without disrupting current care or limiting patient choice, and therefore further public consultation was not required. This decision has been assured by the Patient Public Voice Advisory Group.

4. Engagement Results

Two charities and one individual responded to the stakeholder testing, all supportive of the amendments to the existing policy.

In line with the 13Q assessment it was deemed that further public consultation was not required.

5. How has feedback been considered?

Responses to engagement have been reviewed by the Policy Working Group, BMT Clinical Reference Group and the Blood & Infection Programme of Care. The following themes were raised during engagement:

Keys themes in feedback	Detail
Support for Policy	Policy supported by 3 respondents
Future Patient Pathway	That clinician can adjust dose due to scheduling issues
Potential impact on equality and health inequalities	Changes make policy more equitable by extending to groups of patients previously out of scope
Changes/addition to policy	Clarification relating to types of solid tumours

6. Has anything been changed in the policy proposition as a result of the stakeholder testing and consultation?

The following change(s) based on the engagement responses have(s) been made to the policy proposition:

- Added clarification that this was not an exhaustive list of solid tumours.

No changes were made regarding the suggested change around scheduling, as though there may be potential benefits of reserving a dose, the same result could be obtained by adjusting booking slots for harvesting.

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

No.