MANAGEMENT IN CONFIDENCE

CLINICAL PRIORITIES ADVISORY GROUP
05 March 2019

Agenda Item No	3.1
National Programme	Cancer
Clinical Reference Group	Chemotherapy
URN	1828

Title
Bendamustine for relapsed/refractory classical Hodgkin lymphoma

Actions Requested	1. Support the adoption of the policy proposition
	2. Recommend its approval as an IYSD

Proposition
The policy statement recommends that bendamustine will not be routinely commissioned for the treatment of relapsed/refractory classical Hodgkin lymphoma. Bendamustine is not currently available to treat this indication, therefore the policy statement does not alter the current commissioning position. The use of bendamustine in the treatment of this indication is outside the terms of the drugs license. The policy position is based on a review of the evidence submitted as part of the Preliminary Policy Proposition which concluded that it was insufficient to support a routine commissioning position and, in some circumstances, could be considered to be experimental.

Clinical Panel recommendation
The Clinical Panel recommended that the policy progress as a not for routine commissioning policy statement.

The committee is asked to receive the following assurance:	
1.	The Head of Clinical Effectiveness confirms the proposal has completed the appropriate sequence of governance steps and includes a: Clinical Panel Report.
2.	The Head of Cancer Programme confirms the proposal is supported by an: Impact Assessment; Stakeholder Engagement Report; Equality Impact and Assessment Report; Clinical Policy Statement. The relevant National Programme of Care Board has approved these reports.

3.	The Director of Finance (Specialised Commissioning) confirms that the impact assessment has reasonably estimated a) the incremental cost and b) the budget impact of the proposal.
4.	The Operational Delivery Director (Specialised Commissioning) confirms that the service and operational impacts have been completed.

The following documents are included (others available on request):	
1.	Clinical Policy Statement
2.	Engagement Report
3.	Evidence Report
4.	Clinical Panel Report
5.	Equality Impact and Assessment Report

No	*Metric*	*Summary from evidence review*
1.	Survival	Not measured.
2.	Progression free survival	Howell et al 2016 reported on the treatment of 10 consecutive patients over three years. Median progression free survival for all patients was 7 months (range 2-35.8 months) at the time of writing. This study is at high risk of bias from its retrospective design, very small sample size, and absence of a comparator group. There is no reliable evidence that bendamustine improves outcomes.
3.	Mobility	Not measured.
4.	Self-care	Not measured.
5.	Usual activities	Not measured.
6.	Pain	Not measured.
7.	Anxiety / Depression	Not measured.
8.	Replacement of more toxic treatment	Not measured.
9.	Dependency on care giver / supporting independence	Not measured.
10.	Safety	Not measured.
11.	Delivery of intervention	Not measured.

Considerations from review by Rare Disease Advisory Group
Not applicable.

Pharmaceutical considerations
This policy proposition does not recommend bendamustine for relapsed/refractory classical Hodgkin lymphoma in patients previously treated with brentuximab vedotin. This is an off label use of bendamustine which is excluded from tariff.

Considerations from review by National Programme of Care
1) The proposal received the support of the Cancer PoC Board on 10th January 2019.