**NHS ENGLAND SPECIALISED SERVICES**

# CLINICAL PANEL REPORT

Date: 16 November 2022

Intervention: Siltuximab

Indication: idiopathic multicentric Castleman disease (adults and post-pubescent children)

URN: 2124

Gateway: 2, Round 1

Programme: Cancer

CRG: Specialised Cancer Surgery

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**Information provided to the Panel**

Policy Proposition

Clinical Priorities Advisory Group Summary Report

Equalities and Health Inequalities (EHIA) Assessment

Patient Impact Assessment (PIA) Report

Evidence Review by Solutions for Public Health

Evidence to Decision Making Summary

Blueteq™ Forms – adults and post-pubescent children

Policy Working Group Appendix

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This Policy Proposition recommends the routine commissioning of siltuximab for patients with idiopathic multicentric Castleman disease (iMCD). This is a rare disorder of uncontrolled growth of cells in lymph nodes and causes lymph node enlargement, enlargement of organs such as the liver and spleen, fevers, drenching sweats, anorexia, weight loss, fatigue and impaired lung function, fluid retention, and changes to blood forming cells in the body. No causes have been identified. Siltuximab is a humanised monoclonal antibody that specifically targets interlukin-6. It is licensed for the treatment of iMCD. There is no current nationally commissioned treatment for iMCD. These was previously Clinical Commissioning Group commissioned but is now the responsibility of NHS England.

Clinical Panel was presented with the evidence review supporting the proposition which included one randomised controlled trial (RCT) and one retrospective cohort study, published in four papers – very small numbers of patients in each study due to the rarity of the condition. The RCT showed moderate certainty evidence of a statistically significantly higher proportion of patients had an overall response with siltuximab at 14 months follow up compared to best supportive care. The RCT provided high to moderate certainty evidence that a statistically significantly higher proportion of patients had durable tumour and symptomatic responses with siltuximab at a median of approximately 14 months follow-up compared with best supportive care. The RCT provided moderate to high certainty evidence that a higher proportion of siltuximab patients reported an improvement in quality of life at a median of approximately 12 months compared with best supportive care.

Panel members discussed the proposition, some amendments required. The current marketing authorisation was checked. The proposition will remain for adults with reference to the Medicines for Childrens policy for post-pubescent children to access treatment.

EHIA – no amendments required.
PIA – no amendments required.

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**Recommendation**

Clinical Panel recommends this progresses as a routine commissioning proposition.

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**Why the panel made these recommendations**

Clinical Panel members considered the evidence base presented supported the commissioning position.

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**Documentation amendments required**

**Policy Proposition:**

- The proposition states a specific audit dataset will be established nationally, however there is a global registry in place which should be used.
- Multidisciplinary Team - these must include at least one member who has the expertise in treating this condition.
- Typos to be corrected – consistent in how 'licence' and related words is spelt.
- The glossary –language regarding HIV is to be revised and updated in line with national guidance.

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Declarations of Interest of Panel Members: None

Panel Chair: James Palmer, National Director, Specialised Services

**PWG post panel revisions**
**Policy Proposition:**

- The proposition states a specific audit dataset will be established nationally, however there is a global registry in place which should be used.

  **This has been amended to:**
  All patients receiving siltuximab for iMCD should be registered with the international ACCELERATE registry for Castleman disease (www.cdcn.org). The information is collected to inform future revisions of this policy.
- Multidisciplinary Team - these must include at least one member who has the expertise in treating this condition.

**Added**

- Typos to be corrected – consistent in how 'licence' and related words is spelt.

**Updated**

- The glossary –language regarding HIV is to be revised and updated in line with national guidance.

**This has been amended to:**
A herpesvirus that contributes to the development of Kaposi sarcoma, an otherwise rare form of cancer sometimes seen in AIDS patients, and to some B-cell lymphomas.