Engagement Report

Topic details

Title of policy or policy statement:	Siltuximab for idiopathic multicentric Castleman disease (adults)
Programme of Care:	Cancer
Clinical Reference Group:	Chemotherapy
URN:	2124

1. Summary

This report summarises the feedback NHS England received from engagement during the development of this policy proposition, and how this feedback has been considered.

2. Background

Idiopathic multicentric Castleman disease (iMCD) is a rare disorder of uncontrolled growth of cells in lymph nodes. iMCD 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 (body holding onto water), and changes to blood forming cells in the body.

The disease tends to follow a responding and relapsing pattern. This means that there will be episodes following treatment where the disease responds and can be in remission (symptom improvement, low level of disease), followed by episodes of disease and symptom return (relapse). Some patients go on to develop treatment resistance (no response to a treatment that the patient previously responded well to). Untreated or partially treated disease can lead to multi-organ failure, a requirement for intensive care support in hospital, and even death.

No cause has been identified for iMCD (hence the term idiopathic), and in order to receive a diagnosis of iMCD other conditions, particularly human immunodeficiency virus (HIV) and human herpesvirus-8 (HHV8), need to be excluded. Multicentric means presence of enlarged lymph nodes in at least two different sites. The disease can be classified as severe or non-severe depending on performance status (how fit or frail a patient is), the degree of kidney dysfunction, anaemia (low levels of haemoglobin in the blood), and fluid retention.

There is no nationally commissioned standard of care for treatment of iMCD in the UK and there are no treatment options approved by the National Institute for Health and Care Excellence (NICE). Current UK treatment practice is decided at the local level with variation between hospitals. The only licensed drug for iMCD is siltuximab; there are no other current licensed treatments available. However, as siltuximab is not currently commissioned by NHS England, various other medications are often used (either alone or in combination) off-label. These include immune suppression therapies such as steroids, chemotherapy, immunotherapy (e.g., rituximab) and thalidomide. Treatment is

based on the disease severity. At relapse patients are often re-treated with either the initial therapy until no response, or an alternative treatment.

Siltuximab works by blocking the action of a chemical called interleukin-6 (IL-6), which is the main driver of the symptoms in iMCD. Siltuximab is an intravenous drug, which means it is given via a needle in a vein. Siltuximab can be given in hospital or as an outpatient in a clinic and is given over one hour once every three weeks until the patient stops responding to it.

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 underwent a two-week period of stakeholder testing between 1st December and 15th December 2022 with registered stakeholders for the Chemotherapy and Specialised immunology and allergy services Clinical Reference Groups (CRGs).

Respondents were asked the following consultation questions:

- Do you support the proposition for siltuximab for idiopathic multicentric Castleman disease to be available 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?
- 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?
- Do you have any further comments on the proposal?
- Do you support the Equality and Health Inequalities Impact Assessment?
- Does the Patient Impact Summary present a true reflection of the patient and carers lived experience of this condition?
- Please declare any conflict of interests relating to this document or service area.

A 13Q assessment has been completed following stakeholder testing.

The Cancer Programme of Care (CPoC) has decided that the proposition offers a clear and positive impact on patient treatment, by potentially making a new treatment available 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 (PPVAG).

4. Engagement Results

Two responses were received:

- One individual
- One drug company

All stakeholder responses were in favour of the policy proposition.

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 (PWG) and the CPoC. The following themes were raised during engagement:

Keys themes in feedback	NHS England Response
Relevant Evidence	
One stakeholder agreed that there was enough evidence to support making siltuximab available. One stakeholder identified extra evidence to support the following suggested amendments: - Provision for pre-pubescent children within the policy proposition - To restrict the dose to 11mg/kg once every three weeks and not to extend use to once every six weeks - Inclusion of rheumatologists and internal medicine physicians at the lymphoma multi-disciplinary team (MDT) - Treatment evaluation of siltuximab at 12 months instead of three months.	**Provision for children** The policy proposition is restricted to adults and post-pubescent access as there is no evidence of safe use of siltuximab in children. The policy proposition summary states "Siltuximab may be used in post-pubescent children via NHS England's Policy 170001/P Commissioning Medicines for Children in Specialised Services (commissioning medicines children)." Additionally, there is a footnote in the inclusion criteria stating that post-pubescent access is allowed via the Medicines for Children policy. **Dose** Noted. **Starting criteria** The clinical consensus of the PWG and Clinical Panel was that most patients with iMCD will be treated by haematologists and therefore regional lymphoma MDTs that are already established are the most appropriate place for these patients to be discussed. Members of other medical teams, such as rheumatologists or internal medicine doctors, should be invited to the MDT to discuss the patient and the need to initiate siltuximab. **Patient pathway – Treatment evaluation at three months** Noted.
Potential positive and negative impacts on patient care	
All stakeholders felt there would overall be a positive impact on patients.	Noted.
Patient impact assessment	

The overall response from the stakeholders was that they agreed with the lived experience of patients and carers of this condition described in the patient impact summary. One stakeholder felt the PIA only presented a partial picture of the impact of iMCD on patients, and suggested inclusion of findings from a survey on impacts of iMCD on daily life by Mukherjee et al 2022.	Noted.
Potential impact on equality and health inequalities	
The overall response from the stakeholders was that they agreed with equality and health inequalities impact assessment. One stakeholder reiterated the concerns of excluding pre-pubescent children from the policy.	Noted. The policy proposition is restricted to adults and post-pubescent access as there is no evidence of safe use of siltuximab in children.

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

The following changes based on the engagement responses have been made to the policy proposition:

- Dose section amended to remove dose intervals of six weeks.
- Treatment pathway amended to extend treatment evaluation to six months.
- Wording of Governance arrangement section amended to ensure correct service specification is used.
- Patient impact assessment amended to include a broader picture of disease impact.
- EHIA amended to remove reference to drug brand name in pregnancy and maternity section.

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

No.