NHS ENGLAND SPECIALISED SERVICES

CLINICAL PANEL REPORT

Date: 19th April 2023

Intervention: Sorafenib

Indication: maintenance for adults with FLT3-internal tandem duplication (FLT3-ITD) acute myeloid leukaemia (AML) undergoing allogeneic haematopoietic stem cell transplantation (allo-HSCT)

URN: 2262

Gateway: 2, Round 1

Programme: Blood and Infection

CRG: Blood and Marrow transplantation

Information provided to the Panel

Policy Proposition

Clinical Priorities Advisory Group Summary Report

Equalities and Health Inequalities Assessment (EHIA)

Patient Impact Assessment (PIA) Report

Evidence Reviews by Solutions for Public Health

Evidence to Decision Making Summary

Blueteq™ Form

Policy Working Group Appendix

This Policy Proposition recommends the routine commissioning of sorafenib maintenance as a treatment option for adults with FLT3-internal tandem duplication (FLT3-ITD) acute myeloid leukaemia (AML) undergoing allogeneic haematopoietic stem cell transplantation (allo-HSCT). AML is an aggressive haematological malignancy. FLT3 is one of most common gene change, or mutation, in AML and it is regarded as highly unfavourable, especially in the FLT3- Internal Tandem Duplication (FLT3-ITD) configuration. Patients are rarely cured with chemotherapy alone and have poor prognosis. Sorafenib is a tyrosine kinase inhibitor and would be used off label in this indication. This policy proposition is restricted to adults, with access for post-pubescent children via the Medicines for Children (M4C) policy.

Clinical Panel was presented with an overview of the treatment and the evidence review supporting the proposition. The evidence review consisted of two randomised controlled trials published in three papers. One study compared sorafenib with placebo (43 vs 40 participants) with a median follow up of 41.8 months. The second study compared sorafenib to no maintenance therapy (100 vs 102 participants) at a median follow up of 36.8 months in the third paper. The evidence level reported was of moderate to high certainty. Statistically significant differences were observed in relapse-free survival and overall survival across both studies. Adverse events were reported, with the most common being cited as infections and electrolyte alterations.

No evidence was identified for quality of life, hospitalisation, activities of daily living, or cost effectiveness.

It was raised whether this proposition should be restricted to adults and post-pubescent only. The Policy Working Group considered that there was insufficient evidence in children below that age. The studies in the evidence review considered populations of 18 years and over.

The proposition was considered, and a few amendments required.

EHIA – Comments were made that this is a disease process affecting mainly older people and more common in men of white origin. The position regarding Jehovah's witnesses needs consideration as some may accept access.

PIA – no amendments recommended.

Recommendation

Clinical Panel recommends this proceeds as a routine commissioning policy proposition.

Why the panel made these recommendations

Clinical Panel members considered that the evidence base supports the proposition.

Documentation amendments required

Policy Proposition:

- Plain Language Summary – this will need revising as it is currently written in very technical language.
- Inclusion criteria - the 'ANDS' need removing as all the criteria need to be met and this is already stated in the text.
- Exclusion criteria –
    - be more explicit that 'any' of the following criteria need to be met in the text above the criteria. The 'ORs' could then be removed.
    - Add in the use of anticoagulation so it is clear.
- Page 6 - Flow diagram – the specialist MDT is mentioned and only a positive route. Should a 'no' route be included also?

EHIA:

- Page 6 – end column – spelling of 'Jehovah' needs correcting.
- The position regarding Jehovah's witnesses needs consideration as some may accept access.

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- Reflect the corrections required to the inclusion and exclusion criteria.
- The form for Medicines for Children policy related access needs drafting as the Policy Working Group support the access for post-pubescent adolescents. The criteria requirements need to be reflected.
- As the treatment may continue for up to 24 months, continuation forms (for adults and for M4C) to be completed at 12 months.

Declarations of Interest of Panel Members: none.

Panel Chair: James Palmer, National Medical Director, Specialised Services

Post panel note
The following amendments have been completed following the recommendations of the Clinical Panel:

Policy proposition
The plain language summary, inclusion and the exclusion criteria have been amended as per the recommendations. The flow diagram has been altered to include a 'no' route.

EHIA
The position regarding Jehovah's witnesses has been expanded.

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All recommendations have been addressed and documents altered.