# Engagement report

## Topic details

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| **Title of policy or policy statement:** | Etanercept and adalimumab for the treatment of deficiency of adenosine deaminase type 2 (aged 5 years and older) |
| **Programme of Care:** | Blood and Infection |
| **Clinical Reference Group:** | Specialised immunology and allergy services |
| **URN:** | 2319 |

## 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

Deficiency of adenosine deaminase type 2 (DADA2) is a rare, inherited disorder caused by autosomal recessive mutations in the ADA2 gene. DADA2 is characterised by abnormal inflammation, and immune system dysfunction. Vasculitis is one of the most predominant features of DADA2 and often begins early in childhood, with many patients experiencing early-onset strokes or peripheral vascular disease before the age of 10. In severe cases these strokes can be debilitating, leading to irreversible brain damage, and the peripheral vascular disease can lead to loss of fingers, toes, testicles or damage to organs such as the kidneys and liver. Untreated, the disease can lead to permanent disability or death.

There is currently no commissioned treatment for DADA2 in England. Care of patients is decided locally, and this can lead to inconsistency between centres. Hematopoietic stem cell transplant (HSCT) is the only curative treatment available for DADA2. However, this is only an option for patients with either severe bone marrow failure and/or problems regulating the immune system who fail to respond to standard of care treatment.

Etanercept and adalimumab are both from a class of drugs called TNF inhibitors. These drugs block the action of the protein TNF, which is responsible for the inflammation seen in DADA2. Both etanercept and adalimumab are given subcutaneously, which means an injection into the skin. This means patients can self-administer the medication at home rather than attending hospital for repeated infusions. Both treatments are recommended as first line treatment for DADA2. Both treatments are off-label in this indication.

## 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 stakeholder testing between the 14th of June and 28th June 2024 with registered stakeholders from the following Clinical Reference Groups:

- Specialised immunology and allergy services
- Specialised paediatric allergy, immunology and infectious disease
- Adult and paediatric neurology
- Renal services
- Specialised rheumatology
- Specialised blood disorders
- Specialised paediatric renal services
- Paediatric haematology
- Specialised paediatric rheumatology

Respondents were asked the following consultation questions:

- Do you believe that there is any additional information that we should have considered in the evidence review?
- Do you support the inclusion criteria set out in the policy proposition?
- Do you support the exclusion criteria set out in the policy proposition?
- 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.

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.

A 13Q assessment has been completed following stakeholder testing.

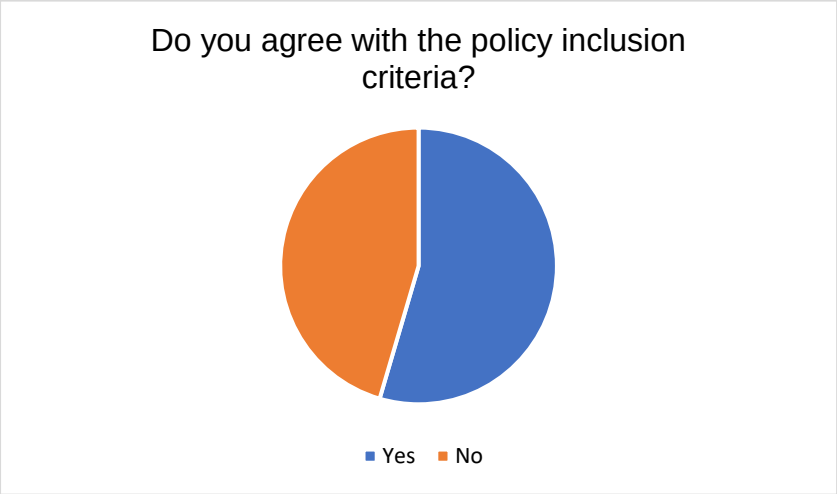
The Programme of Care has decided that the proposition offers a clear and positive impact on patient treatment, by potentially making a new treatment available which widens the range of treatment options without disrupting current care or limiting patient choice, and therefore further public consultation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

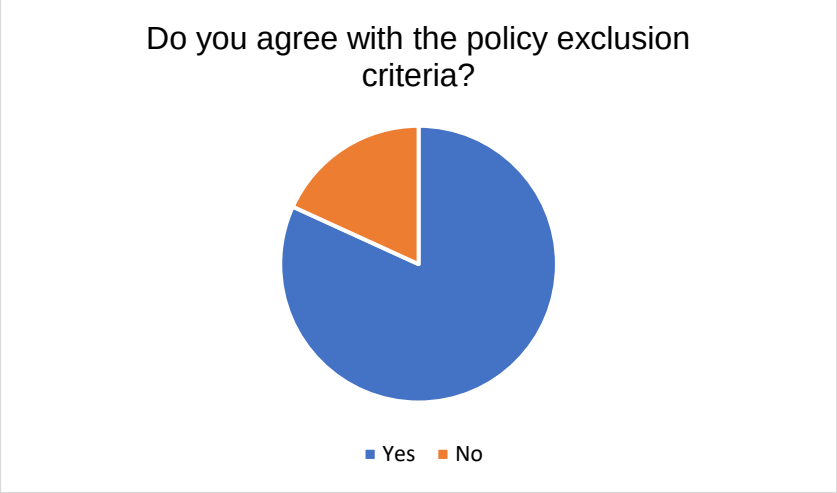
## 4. Engagement Results

11 stakeholders responded:

- 2 patients
- 4 clinicians

- 2 patient charities
- 1 society
- 1 professional group
- 1 pharmacist




## 5. How has feedback been considered?

Responses to engagement have been reviewed by the Policy Working Group and the Blood and Infection PoC. The following themes were raised during engagement:

| Keys themes in feedback | NHS England Response |
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| **Relevant Evidence** | |
| No additional evidence was provided by stakeholders.<br><br>One stakeholder asked for consideration of subgroups. | Noted.<br><br>The scope of the evidence review was limited to the efficacy and safety of treating patients with DADA2 with either etanercept or adalimumab. There was no subgroup analysis reported in the included studies so no comment can be made on comorbidity risks or those who may be more at risk of treatment. |

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| **Policy inclusion/exclusion criteria** | |
| Stakeholders were broadly supportive of the inclusion criteria.<br><br>Those who disagreed with the inclusion criteria did so based on the age criteria. Stakeholders felt that the policy should be for all ages and not limited to those aged 5 years and older. | Noted.<br><br>This policy proposition is limited to children aged five years and older in line with the findings from the evidence review. However, the Medicines for Children policy may be applied for children aged 2 years and older in line with licenced indications for etanercept and adalimumab. There is insufficient safety information in children younger than 2 years old. |
| Majority of stakeholders agreed with the exclusion criteria. | Noted. |
| **Potential impact on equality and health inequalities** | |
| Majority of stakeholders supported the equalities and health inequalities impact assessment.<br><br>The only equality issue raised was lack of access to children aged <5 years old.<br><br>There was a question as to whether the treatment has been tested on a broad enough range of ethnicities to understand any adverse impacts. | Noted.<br><br>This policy proposition is limited to children aged five years and older in line with the findings from the evidence review. However, the medicines for children policy may be applied to the policy for children aged 2 years and older in line with licenced indications for etanercept and adalimumab. There is insufficient safety information in children younger than 2 years old.<br><br>Whilst the studies included in the evidence review did not record the ethnicity of the participants, the studies were conducted in the following countries:<br><br>• The Netherlands<br>• Turkey<br>• UK<br>• USA<br>• China<br>• Brazil<br>• Japan |
| **Patient impact assessment** | |
| Majority of stakeholders felt the patient impact assessment presented a true reflection of the patient and carers lived experience of DADA2.<br><br>One stakeholder felt that the impact on patients' mental health was not accurately portrayed. | Noted.<br><br>The patient impact assessment is written by the patient and public voice (PPV) representative on the Policy Working Group. In this case, the PPV is a patient with lived experience of the |

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| | condition. This is then reviewed and agreed by the working group. |
| **Changes to policy** | |
| It was noted that in the dosing section for adults the policy currently reads '>18 years old' instead of '≥18 years old'.<br><br>A request was made by stakeholders to include a comment about using cheaper biosimilars in the first instance where clinically appropriate. | Thank you for noticing this error. This will be amended.<br><br>A statement regarding the use of the medicine with the lowest acquisition cost will be added to the 'Mechanism of funding' section. |

## 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 has (have) been made to the policy proposition:

**Policy proposition**

- Adult dosing section updated to reflect that the treatment should be used in those ≥18 years old.
- A statement regarding the use of the medicine with the lowest acquisition cost has been added to the 'Mechanism of funding' section.

**PIA**

- Remove tracked changes.

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

No.