NHS ENGLAND SPECIALISED SERVICES

CLINICAL PANEL REPORT

Date: 19th April 2023

Intervention: Bortezomib

Indication: acute immune Thrombotic Thrombocytopaenic Purpura (TTP) relapse in patients who are refractory or intolerant to rituximab (all ages)

URN: 2301

Gateway: 2, Round 1

Programme: Blood and Infection

CRG: Specialised Blood Disorder

Information provided to the Panel

Cover letter

Policy Proposition

Clinical Priorities Advisory Group Summary Report

Equalities and Health Inequalities Assessment (EHIA)

Evidence Review x2 by NICE – acute and prevention

Evidence to Decision Making Summary

Policy Working Group Appendix

This Policy Proposition does not recommend bortezomib to be available as a routine commissioning treatment option for acute treatment of immune thrombotic thrombocytopenic purpura (TTP) or as elective therapy to prevent acute immune TTP relapse. Immune TTP is a rare, potentially life-threatening condition that involves blood clots in the small blood vessels in the body, leading to end organ damage and mortality in >90% of acute episodes. Immune TTP is caused by a lack of the enzyme ADAMTS13. Bortezomib is a proteasome inhibitor that acts to eliminate CD20-expressing B-cells and plasma cells improving ADAMTS13 levels. The Policy Working Group did not consider there was sufficient evidence in the evidence review to support routine commissioning of bortezomib for this indication at this time.

Clinical Panel was presented with an overview of the treatment and the evidence review supporting the proposition. The evidence review for prevention of acute relapse found no suitable studies for inclusion. The evidence review for acute iTTP consisted of one non comparative case series (n=6) with a very short follow up of 3 to 33 months, therefore long term outcome data was not available. The study was considered of very low certainty. There was overlap between treatments (rituximab and bortezomib) so it was not possible to conclude whether any observed effects were attributable to bortezomib alone.

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

The proposition was considered, and a few amendments required.

EHIA – no amendments recommended.

Recommendation

Clinical Panel recommends this proceeds as a not for routine commissioning policy proposition.

Why the panel made these recommendations

Clinical Panel members considered that the very low evidence base supported the proposition recommendation.

Documentation amendments required:

- None requested

Declarations of Interest of Panel Members: none.

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