Engagement Report

Topic details

Title of policy or policy statement:	Dabrafenib for BRAF^{V600E} mutation positive histiocytic neoplasms where standard care has failed (all ages)
Programme of Care:	Cancer
Clinical Reference Group:	Chemotherapy
URN:	2268

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

Histiocytic neoplasms are very rare cancers that are linked through very specific single point mutations to a pathway known as the MAPK pathway. This is a cell signalling pathway that is responsible for cell growth, creation, and survival. Mutations to the MAPK pathway results in hyperactivation of cells, in this case histiocytes, that enter organs from the bloodstream leading to organ damage and the formation of inflammatory tumours.

More than 50% of all histiocytic neoplasms are caused by the BRAFV600E mutation. While there are many ultra-rare and less well-characterised types of histiocytic neoplasm, four main clinical syndromes are recognised that have been clearly shown to be caused by mutations to the MAPK pathway:

- Langerhans Cell Histiocytosis (LCH)
- Erdheim Chester Disease (ECD)
- Juvenile Xanthogranuloma (JXG)
- Rosai Dorman Disease (RDD)

Histiocytic neoplasms are highly variable with clinical presentation ranging from single tumours to widespread, multisystem disease. Organs most affected include the skin, bones, brain, and blood forming organs but histiocytic neoplasms can affect almost any tissue including the heart, lungs, liver, gut, and soft tissues. A devastating neurodegenerative syndrome is a late complication in about 10% of patients.

Histiocytic neoplasms are rare and there is an estimated prevalence of 10 per million people in the UK, with an incidence of ~2 per million people a year.

At present there is no nationally commissioned standard of care treatment. The disease is usually treated with chemotherapy which is intensified according to disease response.

For patients who don't respond to chemotherapy, there is no alternative treatment option available. Since the discovery of the $BRAF^{V600E}$ mutation in this condition, the BRAF inhibitor dabrafenib has been used off-label to treat patients who have not responded to standard care.

The proposed intervention is off-label use of dabrafenib, an oral BRAF inhibitor. Dabrafenib is NICE approved and commissioned by NHS England for the treatment of melanoma, which also frequently carries BRAFV600E. Dabrafenib offers a potentially life-saving line of therapy for those with high-risk disease where standard care has failed.

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 26th July and 9th August 2023 with registered stakeholders from the following Clinical Reference Groups:

- Chemotherapy
- Children and Young People's Cancer

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.

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 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.

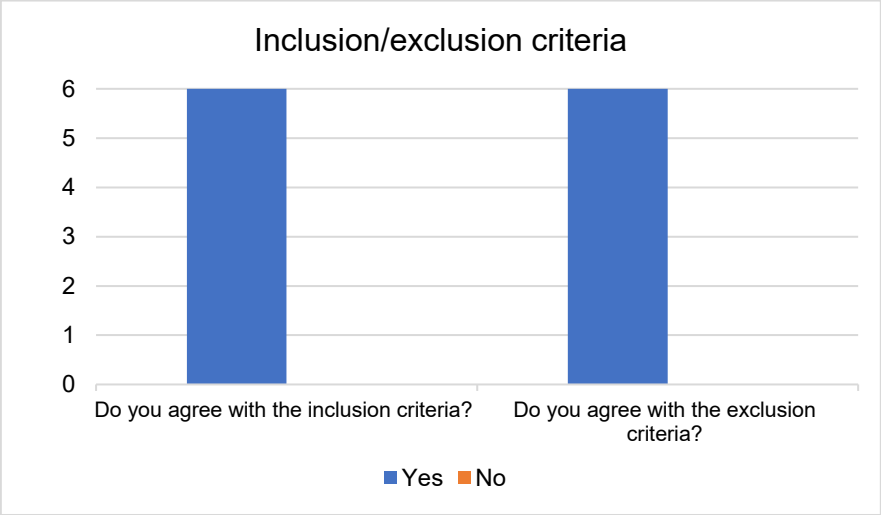
A 13Q assessment has been completed following stakeholder testing.

The 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

6 stakeholders responded:

- 3 carers/ family members of a patient
- 1 clinician
- 1 charity (2 responses on behalf of the same charity)



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 and the (insert PoC) PoC. The following themes were raised during engagement:

Keys themes in feedback	NHS England Response
Relevant Evidence	
No concerns were raised over the evidence identified in the evidence review. No additional evidence was identified.	Noted.
Equalities and health inequalities impact assessment	
All stakeholders were supportive of the equalities and health inequalities impact assessment. One stakeholder raised the concern around formulation of oral dabrafenib for infants and young children.	The policy proposition is applicable to all commercially available oral formulations of dabrafenib.
Policy inclusion criteria	
All stakeholders were supportive of the inclusion criteria. Some stakeholders felt that the inclusion criteria could be broader but	Noted.

accepted that the evidence was limited at this stage.	
Policy exclusion criteria	
All stakeholders were supportive of the exclusion criteria.	Noted.
Patient impact assessment	
All stakeholders felt that the patient impact assessment portrayed an accurate representation of the patients' experience of the disease.	Noted.
Further comments	
One stakeholder commented that their main concern was in regard to the formulations that will be commissioned and made available from the manufacturer so that accurate doses would be available for children and ensure equitable access for all Paediatric patients that meet the treatment criteria.	Noted. The policy proposition is applicable to all commercially available oral formulations of dabrafenib.

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

The following change based on the engagement responses has (have) been made to the policy proposition:

- An amendment will be made to the policy proposition to note that only commercially available oral formulations of dabrafenib will be commissioned via this clinical commissioning policy.

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

No.