**NHS England Specialised Services**

# Clinical Panel report

Date: 17 May 2023

Intervention: Human normal immunoglobulin

Indication: preventative treatment of Idiopathic Systemic Capillary Leak Syndrome following an acute episode

URN: 2270

Gateway: 2, Round 1

Programme: Blood and Infection

CRG: Specialised Immunology and Allergy Services

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**Information provided to the Panel**

Policy Proposition

Evidence Review completed by NICE

Equalities and Health Inequalities (EHIA) Assessment

Clinical Priorities Advisory Group Summary Report

Patient Impact Assessment (PIA) Report

Evidence to Decision Making Report

Policy Working Group Appendix

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This Policy Proposition recommends the routine commissioning of normal human immunoglobulin (Ig) for preventative treatment of idiopathic systemic capillary leak syndrome (SCLS) following an acute episode. This would be administered either intravenously (IV) or subcutaneously. This is very rare condition with approx. 5 new diagnoses per year and 30 cases currently in England. The condition causes shock and multi-organ failure and often involves critical care admission. There is a high mortality rate.

Clinical Panel considered this proposition and supporting evidence review which included two retrospective observational studies that compared human normal Ig with standard preventative care without Ig for people with idiopathic SCLS. One was a cohort study that compared outcomes in 48 people who received Ig to 17 people who did not, a median follow up of 5.1 years. The second was a longitudinal study that compared outcomes in 21 people on and off Ig treatment with a median follow up of 7 years.

Critical outcomes - low certainty evidence in one study for a statistically significantly improvement in survival in patients receiving IVIg and found that preventative IVIg treatment was a statistically significant independent predictor of mortality. The evidence review also found low certainty evidence of a statistically significant reduction in the frequency of acute episodes of SCLS in patients receiving IVIg.

Important outcomes - low certainty evidence that, compared to standard care, preventative treatment with Ig for 5 years statistically significantly reduces the frequency of severe episodes of SCLS. No evidence of health-related quality of life.

Panel members recognised the study limitations and the evidence of low certainty, due to the rarity of the condition.

Panel members considered that the proposition was well written with two principal criteria for inclusion. Members discussed dosage range in starting the treatment. One of the papers in the evidence review considered the tapering of treatment after a minimum of one year in the absence of recurrence.

EHIA – no amendments requested.
PIA – no amendments requested.

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**Recommendation**

Clinical Panel agreed with the proposition and recommends this proceeds as a routine commissioning proposition.

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**Why the panel made these recommendations**

Clinical Panel members acknowledged the study limitations and the evidence of low certainty, however, due to the rarity of the condition and the responses reported in the studies, they considered that there is sufficient evidence to support the proposition as routine commissioning.

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**Documentation amendments required**

**Policy Proposition:**

- Recommended dose - it was proposed that the starting dose be amended to include a range between 1-2g/kg IV or equivalent subcutaneous range and then review and titrate as required. Otherwise, patients would be given the maximum dose every 4 – 6 weeks.
- Stopping criteria – remove bullet point 2 as it was considered unnecessary as currently worded.
- Dose adjustment – refer to current Ig policy and reflect wording in this proposition.

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Declarations of Interest of Panel Members: None

Panel Chair: Anthony Kessel, Clinical Director, Clinical Policy Team, Specialised Services

**PWG Post Panel Comments and document amendments**

The clinical policy team/PWG made the following amendments to the policy proposition document following clinical panel:

- Recommended dose: amended to include a range between 1-2g/kg IV or equivalent subcutaneous range and then review and titrate as required. Wording reads *The optimal dose of Ig therapy in idiopathic SCLS remains to be determined and therefore this policy gives a dose range of 1-2g/kg IV based on ideal body weight, or equivalent subcutaneous dose. The most frequently given starting dose according to the evidence is*

*2g/kg but clinical judgement shall determine the appropriate starting dose and, if appropriate, the tapering dose*

- Stopping criteria: bullet point 2 removed
- Dose adjustment: amended to reflect the Ig commissioning criteria policy (CCP)

Post panel amendments signed off by: Anthony Kessel, Clinical Director, National Clinical Policy, Specialised Commissioning.