Engagement Report

Topic details

Title of policy or policy statement:	2331 Osilodrostat phosphate for adult patients with endogenous Cushing's syndrome
Programme of Care:	Internal Medicine
Clinical Reference Group:	Specialised Endocrinology
URN:	2331

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

Cushing's syndrome is an endocrine disorder caused by prolonged exposure to excessive levels of glucocorticoids. Cushing's syndrome may be exogenous (i.e., secondary to exposure to exogenous glucocorticoids), but a much rarer form of the disorder is caused by endogenous hypercortisolism (i.e., excessive production of the endogenous glucocorticoid cortisol).

The cause of the excessive cortisol production can either be adrenocorticotropic hormone (ACTH)-dependent or ACTH-independent. Approximately 70% of Cushing's syndrome cases are caused by an ACTH-secreting pituitary adenoma, a disorder termed Cushing's disease (Lacroix A et al, 2015). Other causes include non-pituitary ACTH-dependent Cushing's syndrome (including neuroendocrine tumours and small-cell lung cancers causing ectopic ACTH Cushing's syndrome) and ACTH-independent causes (including adrenal adenomas, adrenocortical carcinomas, or nodular hyperplasia of the adrenal gland). Most patients will receive pharmacological treatment pre-surgery, and approximately 50% will have a recurrence of disease post-surgery.

Cushing's syndrome leads to a broad spectrum of clinical signs and symptoms. The most prevalent manifestations, occurring in ≥70% of patients, include central obesity, facial plethora, proximal myopathy, menstrual irregularity in women, neuropsychiatric symptoms, skin atrophy, red/purple stretchmarks, easy bruising, hypertension, type 2 diabetes, and dyslipidaemia (Sharma S et al, 2015).

Untreated Cushing's syndrome caries a very poor prognosis, with a relative risk of death for those with persistent disease 10-fold greater than those in remission (Clayton R et al, 2011).

Osilodrostat phosphate is licensed for the treatment of endogenous Cushing's syndrome in adults, however it has not been reviewed by NICE. Osilodrostat phosphate

is a potent oral inhibitor of the adrenal enzyme 11β-hydroxylase that catalyses the last step in the biosynthesis of cortisol in the adrenal glands.

Endogenous Cushing's syndrome is a rare condition with an estimated incidence between 1.8 and 3.2 per million per year and an estimated prevalence of 5.9/100,000 people in England per year (Lacroix et al, 2015). Based on the assumption of a 2.5% mortality rate, and a 95% surgical rate with 20% recurrence after any appropriate surgery, it is estimated that approximately 617 patients are suitable for this treatment per year.

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 four-week stakeholder testing between the 18th July and 14th August 2024 with registered stakeholders from the following Clinical Reference Groups:

- Specialised endocrinology
- Specialised paediatric endocrinology

Respondents were asked the following consultation questions:

- Do you support the proposal for osilodrostat phosphate for adult patients with endogenous Cushing's syndrome through routine commissioning based on the evidence review and within the criteria set out in this document?
- Do you believe that there is any additional information that we should have considered in the evidence review? If so, please give brief details.
- 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? If so, please give details.
- Do you have any further comments on the proposal? If Yes, please describe below, in no more than 500 words, any further comments on the proposed changes to the document as part of this initial 'sense check'.
- 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 (PWG) 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 (PoC) 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

The policy proposition received 3 stakeholder responses:

- 1 NHS Trust
- 2 Individuals

This was deemed to be a significant stakeholder response, given the rarity of the condition. All stakeholders agreed with the policy proposition and felt this offered patients a positive change.

5. How has feedback been considered?

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

Keys themes in feedback	NHS England Response
Support for proposal	
All stakeholders supported the proposal.	Noted.
Relevant Evidence	
Most stakeholders agreed that the relevant evidence had been identified. One stakeholder identified an additional paper.	Noted. The additional paper has been reviewed separately in the public health evidence report.
Impact on patient care from making treatment option available	
All stakeholders agreed that the treatment option would have a positive impact on patient care.	Noted.
Potential impact on equality and health inequalities	

All stakeholders agreed with the equalities and health inequalities impact assessment.	Noted.
Patient impact assessment	
All stakeholders agreed with the patient impact assessment. One stakeholder suggested that some additional impacts should be considered in addition to those included in the patient impact assessment. These included: neurocognitive issues, fatigue, emotional control, executive function, psychological impact of misdiagnosis and physical and psychological impact of treatments and any complications.	The patient impact assessment has been edited to reflect these additional impacts.
Additional comments	
One stakeholder suggested that the dose reduction recommendations for patients with hepatic impairment should be included in the proposal.	Hepatic dosing reduction guidance has been added to the policy proposition.

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:

Yes. Additional information has been added to the policy proposition regarding dosing.

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

No.