SPECIALISED COMMISSIONING - CLINICAL EVIDENCE EVALUATION CRITERIA FOR CLINICAL COMMISSIONING POLICY PROPOSITION

URN: 1805
TITLE: Allogenic Mesenchymal Stromal Cell Infusion Therapy for Children with Severe Generalised Recessive Dystrophic Epidermolysis Bullosa

CRG: Specialised Dermatology
NPOC: Internal Medicine
Lead: [redacted]
Date: 17/10/18

This policy is being considered for:	For routine commissioning		Not for routine commissioning	X
Is the population described in the policy similar to that in the evidence reviewed, including subgroups?	Yes.			
Is the intervention described in the policy similar to the intervention for which evidence is presented in the evidence review?	Yes.			
Are the comparators in the evidence reviewed plausible clinical alternatives within the NHS and are they suitable for informing policy development?	The one trial identified was a single centre, non-randomised, open-label phase I/II clinical trial. This evaluated the use of intravenous allogenic MSCs in ten children. There was no comparator group. Outcomes were measured compared with baseline.			
Are the clinical benefits described in the evidence review likely to apply to the eligible population and/or subgroups in the policy?	It was unclear whether there were significant clinical benefits from mesenchymal stromal cell therapy. Whilst the Birmingham Epidermolysis Bullosa Severity score, Global Severity Score, and Paediatric Quality of Life score (Parent version) appeared to show some modest improvement from baseline, there was no statistically significant difference in pain, fatigue and pruritus. Given the very small numbers of children in the study, the study design comparing outcomes with baseline, and the either modest or not statistically significant reported outcome benefits, it is not possible to conclude that the treatment is effective.			
Are the clinical harms described in the evidence review likely to apply to the eligible and /or ineligible population and/or subgroups in the	Harms were experienced by all the children included in the study. None were serious, although a third required action to be taken.			

<table>
<tr><td>policy?</td><td colspan="3"></td></tr>
<tr><td>The Panel should provide advice on matters relating to the evidence base and policy development and prioritisation. Advice may cover:
• Balance between benefits and harms
• Quality and uncertainty in the evidence base
• Challenges in the clinical interpretation and applicability of policy in clinical practice
• Challenges in ensuring policy is applied appropriately
• Likely changes in the pathway of care and therapeutic advances that may result in the need for policy review.</td><td colspan="3">The Panel noted that the Preliminary Policy Proposal for this topic was received in February 2018 and it was agreed that a policy statement confirming that the intervention was ‘not for routine commissioning’ would be drafted. This was on the basis that the paper provided to support the PPP was a small case series of an early use of the intervention and no clear clinical benefit was demonstrated.

Panel noted that, although there was some suggestion that there may be an improvement against baseline in some measures, it was difficult to identify the degree to which patients would experience this benefit. The modest improvements reported, the likelihood of a ‘placebo’ effect and the difficulty of translating the small changes in the measures to benefit experienced by the patient all added to the uncertainty.

Panel agreed that the wording of the CPAG Summary should be amended to more accurately reflect the not for routine commissioning position.

The policy statement should continue for stakeholder testing as a not for routine commissioning policy statement.</td></tr>
<tr><td rowspan="4">Overall conclusion</td><td rowspan="2">This is a proposition for routine commissioning and</td><td>Should proceed for routine commissioning</td><td></td></tr>
<tr><td>Should be reversed and proceed as not for routine commissioning</td><td></td></tr>
<tr><td rowspan="2">This is a proposition for not routine commissioning and</td><td>Should proceed for not routine commissioning</td><td>X</td></tr>
<tr><td>Should be reconsidered by the PWG</td><td></td></tr>
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Report approved by:

David Black
Deputy Medical Director, Specialised Services
14 November 2018

Post meeting note: Following the meeting, the CPAG Summary Report was revised to reflect the advice from Panel.