

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

URN: 1691

TITLE: Temozolomide as adjuvant treatment for people with newly diagnosed anaplastic astrocytoma without 1q/19q codeletion following surgery and radiotherapy

CRG: Chemotherapy

NPOC: Cancer Date:

20/03/19

This policy is being considered for:	For routine commissioning	X	Not for routine commissioning	
Is the population described in the policy similar to that in the evidence reviewed, including subgroups?	Yes. Panel noted the heterogenous nature of the population (e.g., those who have had resection and those who have had biopsy).			
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?	Yes. This is appropriate for the NHS.			
Are the clinical benefits described in the evidence review likely to apply to the eligible population and/or subgroups in the policy?	Yes. There was an improvement in progression free survival. This was an interim analysis which will provide a further longitudinal data in time.			
Are the clinical harms described in the evidence review likely to apply to the eligible and /or ineligible population and/or subgroups in the policy?	Yes. This is a regularly used drug with no known risk profile.			
The Panel should provide advice on matters relating to the evidence base and policy development and	There was no further advice. This should proceed to stakeholder testing for routine commissioning.			

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.

Overall conclusion	This is a proposition for routine commissioning and	Should proceed for routine commissioning	X
		Should be reversed and proceed as not for routine commissioning	
	This is a proposition for not routine commissioning and	Should proceed for not routine commissioning	
		Should be reconsidered by the PWG	

Overall conclusions of the panel

Report approved by:

James Palmer

Clinical Panel Chair