NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

CENTRE FOR HEALTH TECHNOLOGY EVALUATION
Highly Specialised Technologies

Consultation on Batch 41 draft remit and draft scope and summary of comments and discussions at scoping workshops

ID	Batch 41
737	Sebelipase alfa for treating lysosomal acid lipase deficiency

Provisional Title	**Sebelipase alfa for treating lysosomal acid lipase deficiency**		
Topic Selection ID Number	6273	**Wave / Round**	N/A
HST ID Number	737		
Company	Synageva BioPharma		
Anticipated licensing information	*****Confidential information removed*****		
Draft remit	To evaluate the benefits and costs of sebelipase alfa within its marketing authorisation for treating lysosomal acid lipase deficiency for national commissioning by NHS England.		
Main points from consultation	Following the consultation exercise and the scoping workshop, the Institute is of the opinion that an evaluation of sebelipase alfa through the highly specialised technologies programme is appropriate. The proposed remit is appropriate. <u>Population</u> The population should be changed to people with lysosomal acid lipase deficiency. Early onset and late onset lysosomal acid lipase deficiency should not be listed separately. Early and late onset LAL deficiency is recognised as a spectrum of the same; while a broad differentiation could be made with early onset disease defined as being apparent before 1 year of age and having rapid progression, clinical experts emphasised that rapidity of progression rather than age is a more useful marker. If a person has symptoms in infancy these symptoms are severe and are rapidly progressive and fatal. In children and adults the relationship between age at which the disease is apparent and progression is less clear cut and it would not be easy to categorise people with late onset LAL deficiency with faster and slower progression into 2 distinct groups because of the spectrum of presentation of the condition. It was also noted that many people may have had the disease for many years before being diagnosed so it would be difficult to distinguish between them according to age of onset. There was a concern that if all patients with LAL deficiency were considered together a case for value for money would be difficult to make given that many people with late onset disease would have milder disease. NHS England highlighted that a clear definition of LAL deficiency was very important. The clinical experts confirmed that it would be possible to explore eligibility criteria during an evaluation. Comparators Clinicians confirmed that liver transplantation is not a suitable comparator, as it is only a treatment option for patients with severe liver disease when transplantation is indicated. <u>Outcomes</u>		

	Liver volume, spleen volume and growth parameters should be removed from the list of outcomes. Stakeholders suggested that liver volume measurement may be problematic because although liver enlargement is a symptom of the condition if the liver becomes cirrhotic it will shrink. Spleen volume was seen as a less relevant outcome and it was noted that growth parameters had been collected in the trials to confirm an early onset LAL deficiency diagnosis rather than as a clinical outcome. Stakeholders suggested including cardiovascular events, liver disease progression, liver fat content (MRI), total cholesterol and liver transplant should be included as outcomes. <u>Subgroups</u> Infants with very rapidly progressing disease are immediately identifiable and have the most severe form of disease and therefore could be considered separately. Moreover, only palliative treatment options are currently available for this group whereas people who have less rapidly progressing LAL deficiency can receive statins and other lipid lowering treatments. The scoping workshop attendees also suggested that people who had received a liver transplant would be an additional subgroup of interest.
Population size	Estimated 44 people in England with LAL deficiency. Less severe forms of the disease may be under-diagnosed.
Process (MTA/STA/HST)	HST
Proposed changes to remit (in bold)	No changes proposed.
Costing implications of remit change	Since the unit cost of sebelipase alfa is not yet available, the cost impact of this technology is unknown.
Timeliness statement	Assuming that the anticipated date of the marketing authorisation is the latest date that we are aware of and the expected referral date of this topic, issuing timely guidance for this technology will be possible.