Appendix G -Professional organisation statement template

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Single Technology Appraisal (STA)

Rituximab in combination with corticosteroids for treating anti-neutrophil cytoplasmic antibody-associated vasculitis

Thank you for agreeing to give us a statement on your organisation's view of the technology and the way it should be used in the NHS.

Healthcare professionals can provide a unique perspective on the technology within the context of current clinical practice which is not typically available from the published literature.

To help you in making your statement, we have provided a template. The questions are there as prompts to guide you. It is not essential that you answer all of them.

Please do not exceed the 8-page limit.

About you

Your name: [redacted]

Name of your organisation: Royal College of Nursing
Are you (tick all that apply):

- specialist in the treatment of people with the condition for which NICE is considering this technology? **Yes**
- a specialist in the clinical evidence base that is to support the technology (e.g. involved in clinical trials for the technology)?
- an employee of a healthcare professional organisation that represents clinicians treating the condition for which NICE is considering the technology? If so, what is your position in the organisation where appropriate (e.g. policy officer, trustee, member etc)? **Member**
- other? (please specify)

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What is the expected place of the technology in current practice?

The aim of treatment is to induce remission, preserve organ function, and reduce mortality and toxicity of medication. Treatment is mainly split into three phases:

1) induction of remission
2) maintenance
3) long term follow up

Cyclophosphamide and steroids are commonly used to induce remission. Once remission is achieved, azathioprine, methotrexate or leflunomide and steroids are used as maintenance therapy. Rituximab will be administered in secondary care in a day unit or ward setting.

The advantages and disadvantages of the technology

The adverse effects of cyclophosphamide therapy are well known with 46 % of patients developing a serious infection, 57% will become infertile and 43% will suffer haemorrhagic cystitis (Geetha & Seo 2012).

Long term use of cyclophosphamide also increases the risk of bladder cancer by 33 fold, lymphoma 11 fold and non -melanoma skin cancer 10 fold (Geetha & Seo 2012).

Cyclophosphamide is known to cause reduced fertility in both males and females and early menopause in females. Therefore, Rituximab is an alternative medication.

Any additional sources of evidence

Nothing further to add here apart from the evidence mentioned above.

Implementation issues

The NHS is required by the Department of Health and the Welsh Assembly Government to provide funding and resources for medicines and treatments that have been recommended by NICE technology appraisal guidance. This provision has to be made within 3 months from the date of publication of the guidance.

If the technology is unlikely to be available in sufficient quantity, or the staff and facilities to fulfil the general nature of the guidance cannot be put in place within 3 months, NICE may advise the Department of Health and the Welsh Assembly Government to vary this direction.

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Please note that NICE cannot suggest such a variation on the basis of budgetary constraints alone.

How would possible NICE guidance on this technology affect the delivery of care for patients with this condition? Would NHS staff need extra education and training? Would any additional resources be required (for example, facilities or equipment)?

Rituximab will be administered by health care professionals in secondary care in a day unit or ward setting.

Equality

NICE is committed to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relations between people with particular protected characteristics and others. Please let us know if you think that this appraisal:

- could exclude from full consideration any people protected by the equality legislation who fall within the patient population for which [the treatment(s)] is/are/will be licensed;
- could lead to recommendations that have a different impact on people protected by the equality legislation than on the wider population, e.g. by making it more difficult in practice for a specific group to access the technology;
- could lead to recommendations that have any adverse impact on people with a particular disability or disabilities.

Please tell us what evidence should be obtained to enable the Committee to identify and consider such impacts.

None that we are aware of at this stage.