

1.	<p>Treatment & Condition</p> <p>Arsenic trioxide for treating acute promyelocytic leukaemia</p>
2.	<p>Associated appraisal body & Summary of ruling</p> <p>NICE Technology Appraisal guidance TA526 June 2018</p> <p>Arsenic trioxide (Trisenox[®]) is recommended, within its marketing authorisation, as an option for inducing remission and consolidation in acute promyelocytic leukaemia (characterised by the presence of the t[15;17] translocation or the PML/RAR-alpha gene) in adults with:</p> <ul style="list-style-type: none"> • untreated, low-to-intermediate risk disease (defined as a white blood cell count of 10×10^3 per microlitre or less), when given with all-trans-retinoic acid (ATRA) • relapsed or refractory disease, after a retinoid and chemotherapy
3.	<p>Number of people in Northern Ireland expected to take up service/therapy</p> <p>According to the NICE Resource Impact Template- that accompanies this guidance, it is expected that approximately:</p> <ul style="list-style-type: none"> • 4 people per annum in Northern Ireland will have arsenic trioxide as first line treatment • 1 person <u>every 3 years</u> in Northern Ireland will have arsenic trioxide as second line treatment following a relapse after having ATRA and chemotherapy
4.	<p>Patient Access Scheme Availability</p> <p>(Yes/No)</p>
5.	<p>Infrastructure Requirements</p> <p>Any additional infrastructure costs associated with the introduction of new cancer therapies will be dealt with as part of the routine commissioning process.</p>
6.	<p>Expected implementation period</p> <p>There is no impediment to immediate implementation for new patients.</p>
7.	<p>Commissioning arrangements</p> <p>This regimen will be formally commissioned by the HSCB/PHA via the Specialist Services Commissioning Team initially on a cost-per-case (CPC) basis. Thereafter, numbers of patients who received or are receiving treatment will be reviewed and consideration will be given to moving to recurrent funding to support this regimen.</p>

8.	Monitoring arrangements The HSCB cost per case process will generate quarterly reports on the number of applications. HSCB currently routinely reviews quarterly monitoring information in relation to the usage of all recurrently funded specialist cancer drugs across both the Cancer Centre and other Units. The monitoring pro forma will be adapted to capture information in respect of this regimen and this group of patients. This monitoring report is submitted to the Specialist Services Commissioning Team for formal review and comment by the Team.
9.	DoH (NI) Legislative/Policy Caveats This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.