

Professional organisation submission

Cemiplimab for treating cutaneous squamous cell carcinoma [ID1367]

Thank you for agreeing to give us your organisation's views on this technology and its possible use in the NHS.

You can provide a unique perspective on the technology in the context of current clinical practice that is not typically available from the published literature.

To help you give your views, please use this questionnaire. You do not have to answer every question – they are prompts to guide you. The text boxes will expand as you type.

Information on completing this submission

- Please do not embed documents (such as a PDF) in a submission because this may lead to the information being mislaid or make the submission unreadable
- We are committed to meeting the requirements of copyright legislation. If you intend to include **journal articles** in your submission you must have copyright clearance for these articles. We can accept journal articles in NICE Docs.
- Your response should not be longer than 13 pages.

About you	
1. Your name	Prof Nick Levell, on behalf of the Therapy & Guidelines sub-committee
2. Name of organisation	British Association of Dermatologists (BAD)

3. Job title or position	Consultant Dermatologist
4. Are you (please tick all that apply):	<input checked="" type="checkbox"/> an employee or representative of a healthcare professional organisation that represents clinicians? <input type="checkbox"/> a specialist in the treatment of people with this condition? <input type="checkbox"/> a specialist in the clinical evidence base for this condition or technology? <input type="checkbox"/> other (please specify):
5a. Brief description of the organisation (including who funds it).	The BAD is a charity whose charitable objectives are the practice, teaching, training and research of Dermatology. It works with the Department of Health, patient bodies and commissioners across the UK, advising on best practice and the provision of Dermatology services across all service settings. It is funded by the activities of its Members.
5b. Do you have any direct or indirect links with, or funding from, the tobacco industry?	No.
The aim of treatment for this condition	
6. What is the main aim of treatment? (For example, to stop progression, to improve mobility, to cure the condition,	

<p>or prevent progression or disability.)</p>	
<p>7. What do you consider a clinically significant treatment response? (For example, a reduction in tumour size by x cm, or a reduction in disease activity by a certain amount.)</p>	
<p>8. In your view, is there an unmet need for patients and healthcare professionals in this condition?</p>	
<p>What is the expected place of the technology in current practice?</p>	
<p>9. How is the condition currently treated in the NHS?</p>	
<ul style="list-style-type: none"> Are any clinical guidelines used in the treatment of the 	

<p>condition, and if so, which?</p>	
<ul style="list-style-type: none"> Is the pathway of care well defined? Does it vary or are there differences of opinion between professionals across the NHS? (Please state if your experience is from outside England.) 	
<ul style="list-style-type: none"> What impact would the technology have on the current pathway of care? 	
<p>10. Will the technology be used (or is it already used) in the same way as current care in NHS clinical practice?</p>	
<ul style="list-style-type: none"> How does healthcare resource use differ between the technology and current care? 	
<ul style="list-style-type: none"> In what clinical setting should the technology be 	

<p>used? (For example, primary or secondary care, specialist clinics.)</p>	
<ul style="list-style-type: none"> • What investment is needed to introduce the technology? (For example, for facilities, equipment, or training.) 	
<p>11. Do you expect the technology to provide clinically meaningful benefits compared with current care?</p>	
<ul style="list-style-type: none"> • Do you expect the technology to increase length of life more than current care? 	
<ul style="list-style-type: none"> • Do you expect the technology to increase health-related quality of life more than current care? 	

<p>12. Are there any groups of people for whom the technology would be more or less effective (or appropriate) than the general population?</p>	
<p>The use of the technology</p>	
<p>13. Will the technology be easier or more difficult to use for patients or healthcare professionals than current care? Are there any practical implications for its use (for example, any concomitant treatments needed, additional clinical requirements, factors affecting patient acceptability or ease of use or additional tests or monitoring needed.)</p>	

<p>14. Will any rules (informal or formal) be used to start or stop treatment with the technology? Do these include any additional testing?</p>	
<p>15. Do you consider that the use of the technology will result in any substantial health-related benefits that are unlikely to be included in the quality-adjusted life year (QALY) calculation?</p>	
<p>16. Do you consider the technology to be innovative in its potential to make a significant and substantial impact on health-related benefits and how might it</p>	

<p>improve the way that current need is met?</p>	
<ul style="list-style-type: none"> Is the technology a 'step-change' in the management of the condition? 	
<ul style="list-style-type: none"> Does the use of the technology address any particular unmet need of the patient population? 	
<p>17. How do any side effects or adverse effects of the technology affect the management of the condition and the patient's quality of life?</p>	
<p>Sources of evidence</p>	
<p>18. Do the clinical trials on the technology reflect current UK clinical practice?</p>	

<ul style="list-style-type: none"> • If not, how could the results be extrapolated to the UK setting? 	
<ul style="list-style-type: none"> • What, in your view, are the most important outcomes, and were they measured in the trials? 	
<ul style="list-style-type: none"> • If surrogate outcome measures were used, do they adequately predict long-term clinical outcomes? 	
<ul style="list-style-type: none"> • Are there any adverse effects that were not apparent in clinical trials but have come to light subsequently? 	
<p>19. Are you aware of any relevant evidence that might not be found by a systematic review of the trial evidence?</p>	
<p>20. Are you aware of any new evidence for the comparator</p>	

<p>treatment(s) since the publication of NICE technology appraisal guidance [TAXXX]? [delete if there is no NICE guidance for the comparator(s) and renumber subsequent sections]</p>	
<p>21. How do data on real-world experience compare with the trial data?</p>	
<p>Equality</p>	
<p>22a. Are there any potential equality issues that should be taken into account when considering this treatment?</p>	
<p>22b. Consider whether these issues are different from issues with current care and why.</p>	

Topic-specific questions

23 [To be added by technical team at scope sign off. Note that topic-specific questions will be added only if the treatment pathway or likely use of the technology remains uncertain after scoping consultation, for example if there were differences in opinion; this is not expected to be required for every appraisal.]

if there are none delete highlighted rows and renumber below

Key messages

24. In up to 5 bullet points, please summarise the key messages of your submission.

- The plastic surgeons society (BAAPS) should be included in the consultation
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Thank you for your time.

Please log in to your NICE Docs account to upload your completed submission.

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The information that you provide on this form will be used to contact you about the topic above.

Please tick this box if you would like to receive information about other NICE topics.

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