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| 1 | <p>Treatment & Condition</p> <p>Autologous chondrocyte implantation for repairing symptomatic articular cartilage defects of the knee (review of TA89)</p> |
| 2 | <p>Associated appraisal body & Summary of ruling</p> <p>Autologous chondrocyte implantation (ACI) is recommended as an option for treating symptomatic articular cartilage defects of the knee, only if:</p> <ul style="list-style-type: none"> • the person has not had previous surgery to repair articular cartilage defects • there is minimal osteoarthritic damage to the knee (as assessed by clinicians experienced in investigating knee cartilage damage using a validated measure for knee osteoarthritis) • the defect is over 2 cm² and; • the procedure is done at a tertiary referral centre. <p>Articular cartilage refers to hyaline cartilage on the articular surfaces of the bone. Articular cartilage damage in the knee can be caused directly by acute injury, often as a result of sporting activity, for example repetitive trauma such as high-impact sports.</p> <p>Damage of the articular cartilage does not heal on its own and can be associated with symptoms such as knee pain, knee swelling, knee locking and giving way of the knee joint.</p> |
| 3 | <p>Number of people in Northern Ireland expected to take up service/therapy <i>(including new cases per year)</i></p> <p>Using the assumptions included in the Resource Impact Template that accompanies TA477, in Northern Ireland it would be expected that 12 patients would require treatment annually.</p> |
| 4 | <p>Patient Access Scheme availability</p> <p>(Yes/<u>No</u>)</p> |
| 5 | <p>Costs <i>(before PAS if applicable)</i></p> <p>The typical cost of treatment is expected to be £20,717 per patient.</p> |
| 5.1 | <p>Drug cost per patient per annum (for new and prevalent cases)</p> <p>Not Applicable</p> |

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| 5.2 | <p>Infrastructure costs per patient per annum</p> <p>The typical cost of treatment is expected to be £20,717 per patient. As this treatment is not available in Northern Ireland, arrangements will be made with other providers to ensure the implementation of this Technology Appraisal.</p> |
| 5.3 | <p>Current in year costs</p> <p>Estimated net additional recurrent costs per the Resource Impact Template for 12 patients is £232k plus travel costs estimated at £28k= £260k</p> <p>Costs in year will depend on numbers treated.</p> |
| 5.4 | <p>Recurrent overall costs per annum <i>(including additional costs)</i></p> <p>Estimated recurrent costs per the Resource Impact Template for 12 patients is £232k</p> <p>If this treatment has to be provided in England, additional travel costs are estimated at £28k.</p> <p>Total costs including travel would be expected to be in the region of £260k.</p> |
| 6 | <p>Expected implementation period</p> <p>There is no impediment to implementation of this guidance.</p> |
| 7 | <p>Commissioning arrangements</p> <p>This treatment will be formally commissioned by the HSCB/PHA initially on a cost-per-case (CPC) basis for a period of 12 months. After this time, 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 | <p>Monitoring arrangements</p> <p>The HSCB cost per case process will generate quarterly reports on the number of applications.</p> |
| 9 | <p>DHSSPS Legislative/Policy Caveats</p> <p>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.</p> |