Policy for Dupuytren’s Contracture
The CCG policy has been reviewed and developed by the Treatment Policies Clinical Development Group in line with the groups guiding principles which are:

1. CCG Commissioners require clear evidence of clinical effectiveness before NHS resources are invested in the treatment;
2. CCG Commissioner require clear evidence of cost effectiveness before NHS resources are invested in the treatment;
3. The cost of the treatment for this patient and others within any anticipated cohort is a relevant factor;
4. CCG Commissioners will consider the extent to which the individual or patient group will gain a benefit from the treatment;
5. CCG Commissioners will balance the needs of each individual against the benefit which could be gained by alternative investment possibilities to meet the needs of the community
6. CCG Commissioners will consider all relevant national standards and take into account all proper and authoritative guidance;
7. Where a treatment is approved CCG Commissioners will respect patient choice as to where a treatment is delivered; AND
8. All policy decision is considered within the wider constraints of the CCG’s legally responsibility to remain fiscally responsible.
Dupuytren’s Contracture

Dupuytren’s contracture is a fairly common condition that causes one or more fingers to bend into the palm of the hand. The condition often occurs in later life, and is most common in men who are aged over 40. Around one in six men over the age of 65 are affected in the UK.

The symptoms of Dupuytren’s contracture are often mild and painless and do not require treatment. The condition most often starts with a firm nodule in the skin of the palm and may stay the same for months or years. In some patients, however, it may progress to the next stage in which cords of fibrous tissue form in the palm and run into the fingers or thumb, eventually, pulling them into a permanently flexed position, making it difficult to perform activities of daily living. In about 50% of cases the condition affects both hands, and in rare cases it can also affect the soles and toes of the feet.

Although there is great variation in the rate of progress, it is usually possible to distinguish the more aggressive form of the disease early on. However, patients should be advised that probably 40% of people will have a recurrence following surgery. Dupuytren’s contracture can return to the same spot on the hand or may reappear somewhere else. Recurrence is more likely in younger patients; if the original contracture was severe; or if there is a strong family history of the condition.

Treatment

In July 2017 the National Institute for Health and Care Excellence (NICE) published guidance on the most appropriate treatments available for Dupuytren’s contracture and when these treatments should be used. This guidance approved the use of injections of collagenase clostridium histolyticum (CCH); limited surgical fasciotomy and percutaneous needle fasciotomy (PNF) for treating Dupuytren's contracture in certain clinical circumstances.
Eligibility Criteria

For patients requiring treatment with collagenase clostridium histolyticum (CCH) limited surgical fasciotomy or percutaneous needle fasciotomy (PNF), the patient must meet the following clinical criteria:

- Evidence of at least moderate disease
- For patients choosing treatment with collagenase clostridium histolyticum (CCH):
  - one injection should be given per treatment session,
  - the injection should be undertaken in an outpatient setting,
  - the injection should be performed by a suitably qualified clinician who has advanced knowledge of the anatomy of the hand and has completed the company's training.
  - For patient who meet the inclusion criteria for the ongoing clinical trial (HTA-15/102/04), comparing collagenase clostridium histolyticum (CCH) with limited fasciectomy, should participate in the study.

For the purposes of this guidance the baseline for ‘moderate disease’ is classified as:

- Functional problems AND
- moderate metacarlo-phalangeal joint contracture (at least 30 degrees) OR
- any proximal interphalangeal joint contracture OR
- First web contracture

For patients NOT taking part in the ongoing clinical trial, CCH is recommended as an option for treating Dupuytren's contracture with a palpable cord in adults only if all of the following eligibility criteria are met:

- There is evidence of moderate disease (functional problems and metacarpophalangeal joint contracture of 30° to 60° and proximal interphalangeal joint contracture of less than 30° or first web contracture) plus up to 2 affected joints.
- Percutaneous needle fasciotomy (PNF) is not considered appropriate, but limited fasciectomy is considered appropriate by the treating hand surgeon.
- The choice of treatment (CCH or limited fasciectomy) is made on an individual basis after discussion between the responsible hand surgeon and the patient about the risks and benefits of the treatments available.
- One injection is given per treatment session by a hand surgeon in an outpatient setting.
Note: Indicative Pathway Change

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<thead>
<tr>
<th>Pathway item</th>
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<tr>
<td><strong>Existing Pathway for Dupuytrens - Surgery</strong></td>
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<tr>
<td>New Consultant led OPA</td>
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<tr>
<td>Palmar Fasciectomy Surgery (HN93Z)</td>
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<tr>
<td>OT Application of Hand Splint</td>
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<td>6 OT Contacts</td>
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<tr>
<td>OPA Dressing Clinic</td>
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<td>2 Consultant led Follow Ups</td>
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<td><strong>Total</strong></td>
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<td><strong>Proposed Injection Treatment Pathway</strong></td>
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<td>New OPA</td>
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<td>Outpatient Procedure for Injection OPCS T55.8 (HN93Z)</td>
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<td>Outpatient Procedure for Manipulatio OPCS T578</td>
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<td>OT Application of Hand Splint</td>
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**Patient Choice and Shared Decision Making**

- The choice of treatment (CCH or limited fasciectomy) is made on an individual basis after discussion between the responsible hand surgeon and the patient about the risks and benefits of the treatments available.
- For patient who meet the inclusion criteria for the ongoing clinical trial (HTA-15/102/04), comparing collagenase clostridium histolyticum (CCH) with limited fasciectomy, should be encouraged to participate in the study.

This means for patients who **DO NOT** meet the specified criteria the CCG will only fund the treatment if an Individual Funding Request (IFR) application proves exceptional clinical need and that is supported by the CCG.

**Guidance**

National Institute for Health and Care Excellence (NICE) 2017 - Collagenase clostridium histolyticum for treating Dupuytren’s contracture. Technology appraisal guidance # 459.
http://www.nice.org.uk/guidance/ta459

http://www.bssh.ac.uk/patients/conditions/25/Dupuytrens'disease