Dear Edmund


Many thanks to you and Mr Palmer for the letter in response to our correspondence in relation to the criteria chosen for NHSE for the interim NHS commissioning policy for Nusinersen treatment for infants / children with spinal muscular atrophy type 1 under the expanded access programme.

We fully agree with you that high quality data are necessary when interpreting outcomes of clinical trials. Regulatory and health authorities also consider the totality of the data produced, and this is particularly relevant in the field of rare diseases, especially those characterised by a severe and early fatal clinical course. Severe type 1 SMA, with a mean age at death (or requirement for > 16 hours ventilation) of 9 months, clearly is a prototype for such disease. Nusinersen has demonstrated to improve significantly survival including ventilatory free survival of all infants affected by SMA1. Biogen is providing Nusinersen free of charge to all SMA1 patients across the globe in view of the unmet need in this population and the clear benefit provided by Nusinersen to these babies.

In this context we bring to your attention the data published in Neurology 2016 by Chiriboga et al [1] and in the Lancet by Finkel et al [1] in which data with typical SMA1 children and 3 SMN2 copy number are presented. We have copied below the relevant data from one of these 2 manuscripts in which there is clear evidence of a clinical response in SMA1 children, irrespective of the copy number.
This, and the data available to NHSE, FDA and EMA regarding the Nurture study, unequivocally indicate that SMA1 children with 3 SMN2 copy numbers respond to Nusinersen as well – in actual fact on average better- than the children with 2 SMN2 copy number.

As the interim NHSE policy for the access to SMA1 children to nusinersen via the Biogen sponsored EAP excludes children with SMA type 1 who have 1 or 3 copy number of SMN2, this raises both practical and significant ethical issues that us, clinicians on the ground, have to face when delivering the optimal care for children affected by this condition.
Recent manuscripts have addressed the ethical issues related to the prioritization of access to this drug in the SMA population [3] and, as practiced by the EAP programmes in other countries, recommend access to the drug to all children with SMA1. We had independently, and in consultation with ethicists, arrived at the same conclusions and circulated a prioritization based on age of onset and clinical severity, so that all children affected by SMA1 can access the drug via the EAP.

We recognize that NHSE does not appear to have a structured pathway to deal in a timely way to emerging therapies for rare and extremely severe conditions; and that, compared with most of the other countries, this led to a delay of more than 10 months before the EAP was allowed to start in England. The Interim policy is helpful but we remain concerned that the interim policy exclusion from the EAP of children with SMA1 with 1 or 3 copy number of SMN2, contradicts the primary mission of NHSE of addressing health inequalities.

We would certainly be happy to work with NHSE to formulate a Preliminary Policy Proposition in which we can summarise the published evidence also indicated in this letter.

As a community of clinicians and advocacy groups involved in the delivery of the care and managing and supporting these families in this country, we certainly wish to ensure that there are no more obstacles for all SMA1 children to access this effective drug.

Yours sincerely

Signed by:

The paediatricians and paediatric neurologists of the UK NORTH STAR and SMA-REACH clinical networks ([http://www.northstardmd.com/about.html](http://www.northstardmd.com/about.html) and [http://www.smareachuk.com/](http://www.smareachuk.com/))

and


