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Anhydrous sodium thiosulfate for preventing hearing loss caused by cisplatin chemotherapy in people 1 month to 17 years with localised solid tumours

Policy Position Statement: PPS315

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Description	NHS Wales will routinely commission this specialised service in accordance with the criteria described in this policy

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Policy Statement

NHS Wales Joint Commissioning Committee (NWJCC) will commission anhydrous sodium thiosulfate for preventing hearing loss caused by cisplatin chemotherapy in people 1 month to 17 years with localised solid tumours in accordance with the criteria outlined in this document.

Welsh Language

NWJCC is committed to treating the English and Welsh languages on the basis of equality, and endeavour to ensure commissioned services meet the requirements of the legislative framework for Welsh Language, including the [Welsh Language Act \(1993\)](#), the [Welsh Language \(Wales\) Measure 2011](#) and the [Welsh Language Standards \(No.7\) Regulations 2018](#).

Where a service is provided in a private facility or in a hospital outside of Wales, the provisions of the Welsh language standards do not directly apply but in recognition of its importance to the patient experience, the referring health board should ensure that wherever possible patients have access to their preferred language.

In order to facilitate this, NWJCC is committed to working closely with providers to ensure that in the absence of a Welsh speaker, written information will be offered and people have access to either a translator or 'Language-line' if requested. Where possible, links to local teams should be maintained during the period of care.

Decarbonisation

NWJCC is committed to taking assertive action to reducing the carbon footprint through mindful commissioning activities. Where possible and taking into account each individual patient's needs, services are provided closer to home, including via digital and virtual access, with a delivery chain for service provision and associated capital that reflects the NWJCC commitment.

Disclaimer

NWJCC assumes that healthcare professionals will use their clinical judgement, knowledge and expertise when deciding whether it is appropriate to apply this document.

This document may not be clinically appropriate for use in all situations and does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, or Local Authority.

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NWJCC disclaims any responsibility for damages arising out of the use or non-use of this policy.

1. Introduction

This Policy Position Statement has been developed for the planning and delivery of anhydrous sodium thiosulfate for preventing hearing loss caused by cisplatin chemotherapy in people 1 month to 17 years with localised solid tumours resident in Wales. This service will only be commissioned by the NWJCC and applies to residents of all seven Health Boards in Wales.

In creating this document NWJCC has reviewed the relevant guidance issued by the National Institute of Health and Care Excellence (NICE)¹ and has concluded the anhydrous sodium thiosulfate should be made available.

1.1 Background

Cisplatin is a drug which is routinely used to treat different types of cancers such as neuroblastomas, germ cell tumours, osteosarcomas and some types of brain tumours². While cisplatin is rapidly removed from most of the body following treatment, it lingers in the part of the inner ear responsible for hearing³. This causes inflammation and damage to the inner ear, resulting in hearing loss⁴.

It is not fully understood how sodium thiosulfate works but it is thought to do so by several different mechanisms⁵. Sodium thiosulfate is a type of drug called an antioxidant. When cells have taken up cisplatin chemotherapy they produce harmful molecules called reactive oxygen species. It is thought that sodium thiosulfate binds with these and prevents them from damaging cells in the inner ear⁶. It is possible that sodium thiosulfate may also work by binding directly with cisplatin chemotherapy that has not been taken up by cells. This inactivates the cisplatin, preventing it from damaging cells in the ear⁷.

There is currently no treatment available to prevent hearing loss caused by cisplatin and waiting times to get support for hearing loss can be lengthy. Additionally, there are limitations to the technologies available to help people with hearing loss. If medical devices are provided they need ongoing maintenance and cochlear implant surgery requires invasive procedures. For children who develop hearing loss, it goes beyond not

¹ [Recommendation | Anhydrous sodium thiosulfate for preventing hearing loss caused by cisplatin chemotherapy in people 1 month to 17 years with localised solid tumours | Guidance | NICE](#)

² [Platinum compounds in children with cancer: toxicity and clinical management - PubMed](#)

³ <https://news.cancerresearchuk.org/2025/01/28/nice-recommends-pedmarqsi-sodium-thiosulfate-nhs-england/>

⁴ <https://www.nice.org.uk/guidance/ta1034/chapter/3-Committee-discussion>

⁵ <https://www.medicines.org.uk/emc/product/15947/smpc>

⁶ <https://www.cancer.gov/news-events/cancer-currents-blog/2018/cisplatin-hearing-loss-sodium-thiosulfate>

⁷ [NICE recommends new treatment to prevent and reduce hearing loss in people being treated for cancer | NICE](#)

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being able to hear. It can affect their speech and language development, ability to communicate and performance at school. Even with mild hearing loss, there is a high risk of social and emotional difficulties. This can affect quality of life and increase health inequalities compared with people without hearing loss⁸.

Around 60% of children who receive cisplatin-based treatment develop irreversible hearing loss⁷. According to the NICE resource template, 58 children would be eligible to receive anhydrous sodium thiosulfate in England each year. This equates to approximately 3 children per year based on Welsh population data⁹.

1.2 Equality Impact Assessment

The Equality Impact Assessment (EIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable NWJCC to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (Welsh).

An EIA was carried out by NICE during the evaluation of anhydrous sodium thiosulfate. For further details, please refer to the NICE website at: [NICE EQIA](#)

⁷ [NICE recommends new treatment to prevent and reduce hearing loss in people being treated for cancer | NICE](#)

⁸ [3 Committee discussion | Anhydrous sodium thiosulfate for preventing hearing loss caused by cisplatin chemotherapy in people 1 month to 17 years with localised solid tumours | Guidance | NICE](#)

⁹ [Tools and resources | Anhydrous sodium thiosulfate for preventing hearing loss caused by cisplatin chemotherapy in people 1 month to 17 years with localised solid tumours | Guidance | NICE](#)

2. Recommendations

The recommendations below represent the views of NICE, arrived at after careful consideration of the evidence available. Health professionals are expected to take into account the relevant NICE guidance¹, alongside the individual needs, preferences and values of the patient.

2.1 Inclusion Criteria

Anhydrous sodium thiosulfate is recommended, within its marketing authorisation, for preventing hearing loss caused by cisplatin chemotherapy in people 1 month to 17 years with localised, non-metastatic solid tumours. It is only recommended if the company provides it according to the commercial arrangement¹.

2.2 Continuation of Treatment

Healthcare professionals are expected to review a patient's health at regular intervals to ensure they are demonstrating an improvement to their health due to the treatment being given.

If no improvement to a patient's health has been recorded then clinical judgement on the continuation of treatment must be made by the treating healthcare professional.

2.3 Acceptance Criteria

The service outlined in this specification is for patients ordinarily resident in Wales, or otherwise the commissioning responsibility of the NHS in Wales. This excludes patients who whilst resident in Wales, are registered with a GP practice in England, but includes patients resident in England who are registered with a GP Practice in Wales.

2.4 Designated Providers

Patients will be referred to one of the designated centres below for treatment:

- Children's Hospital for Wales
University Hospital of Wales
Heath Park Way
Cardiff
CF14 4XW
- Alder Hey Children's hospital
Eaton Road
Liverpool

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L12 2AP

- Birmingham Women's and Children's Hospital
Steelhouse Lane
Birmingham
B4 6NW
- Velindre Cancer Centre *
Velindre Road
Whitchurch
Cardiff
CF14 2TL

*Patients must remain under the care of the paediatric service whilst using this provider.

2.5 Patient Pathway (Annex i)

Patients should be referred to one of the designated providers listed in section 2.4 for assessment of eligibility for treatment included in this policy. See annex I for the patient pathway.

2.6 Mechanism for funding

Anhydrous sodium thiosulfate will only be funded for patients registered via the Blueteq[®] system and where an appropriately constructed MDT has approved its use within highly specialised centres.

Where the patient meets the criteria in this policy and the referral is received by an agreed centre, a Blueteq[®] form should be completed for approval.

For further information on accessing and completing the Blueteq[®] form please contact NWJCC using the following email address: NWJCCblueteq@wales.nhs.uk.

If a non-contracted provider wishes to treat a patient that meets the criteria they should contact NWJCC at NWJCCipc@wales.nhs.uk. They will be asked to demonstrate they have an appropriate MDT in place.

Funding is approved on the basis that anhydrous sodium thiosulfate is prescribed and administered in accordance with its marketing authorisation (reference number PLGB 20011/0078). Anhydrous sodium thiosulfate, is available as Pedmarqsi 80 mg/mL solution for infusion. The cost is £8,277.71 per 8-g vial (excluding VAT; company's evidence submission). The company has a commercial arrangement. This makes anhydrous sodium thiosulfate available to the NHS with a discount. The size of the

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discount is commercial in confidence. Health Boards in Wales should refer to the AWTTTC Commercial Medicines Access References Tool (CMART) for further information on the Patient Access Scheme (PAS) price.

If treatment is discontinued, it is the responsibility of the prescribing team to discontinue the Blueteq® form.

2.7 Clinical Outcome and Quality Measures

The Provider must work to written quality standards and provide monitoring information to the lead commissioner.

The centre must enable the patient's, carer's and advocate's informed participation and to be able to demonstrate this. Provision should be made for patients with communication difficulties and for children, teenagers and young adults.

2.8 Action to be taken

- Health Boards and NWJCC are to circulate this Policy Position Statement to all Hospitals/MDTs to inform them of the conditions under which the drug will be commissioned.
- NWJCC are to ensure that all providers are purchasing anhydrous sodium thiosulfate at the agreed discounted price.
- Providers are to ensure the need to approve anhydrous sodium thiosulfate at the appropriate MDT and are registering use on the Blueteq® system, and the treatment will only be funded where the Blueteq® minimum dataset is fully and accurately populated.
- The Provider should work to written quality standards and provide monitoring information to NWJCC on request.

3. Putting things right

3.1 Raising a Concern

Whilst every effort has been made to ensure that decisions made under this policy are robust and appropriate for the patient group, it is acknowledged that there may be occasions when the patient or their representative are not happy with decisions made or the treatment provided.

The patient or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern.

If a patient or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the patient and/or their representative should be guided to the LHB for [NHS Putting Things Right](#). For services provided outside NHS Wales the patient or their representative should be guided to the NHS Trust Concerns Procedure, with a copy of the concern being sent to NWJCC.

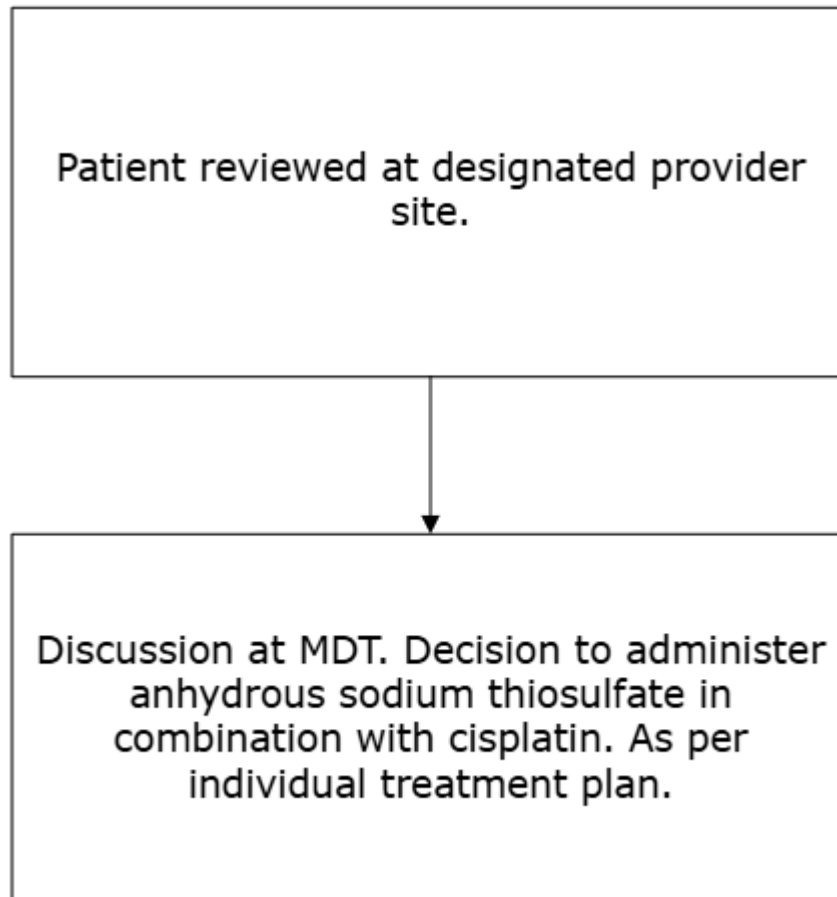
3.2 Individual Patient Funding Request (IPFR)

If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

If the patient wishes to be referred to a provider outside of the agreed pathway, and IPFR should be submitted.

Further information on making IPFR requests can be found at: [Individual Patient Funding Requests](#)

Annex i Patient Pathway



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Contact Us

If you have a question related to this document you can contact us using one of the methods outlined below.

If you would like this document in an alternative format and/or language, please contact us for assistance.

Email:

NWJCC consultation mailbox – nwjccconsultation@wales.nhs.uk

Telephone:

General Enquiries – 01443 433112

Website:

[Contact us - NHS Wales Joint Commissioning Committee](#)

Writing:

If you wish to contact the NHS Wales Joint Commissioning Committee, you can write to us at one of our locations below, we welcome correspondence in Welsh or English:

South Wales Offices

Unit 1, Charnwood Court, Heol Billingsley, Nantgarw, CF15 7QZ

Unit G1 The Willowford, Main Avenue, Treforest Industrial Estate, Pontypridd, CF37 5YL

North Wales Offices

Unit 3, Media Point - Unit 3, Mold Business Park, Mold, CH7 1XY

Preswylfa, Hendy Road, Mold, CH7 1PZ