

SPECIALISED COMMISSIONING – RESPONSE TO AMENDMENTS REQUESTED TO EVIDENCE REVIEW DURING ENGAGEMENT OR CONSULTATION

URN	1857
POLICY TITLE	Stereotactic radiosurgery (SRS) and stereotactic radiotherapy (SRT) to the surgical cavity following resection of cerebral metastases (all ages)
CRG:	Radiotherapy
NPOC:	Cancer

Description of comments during consultation	<p>The Public Health Lead, in order to provide advice to NHS England, was asked to consider the findings and relevance to the policy proposition of the following studies:</p> <ul style="list-style-type: none"> • <i>Akanda Z, Hong W, et al. Post-operative stereotactic radiosurgery following excision of brain metastases: A systematic review and meta-analysis. Radiotherapy and Oncology. 2020; 142: 27-35.</i> • <i>Brown P, Ballman K, et al. Postoperative stereotactic radiosurgery compared with whole brain radiotherapy for resected metastatic brain disease (NCCTG N107C/CEC.3): a multicentre, randomised, controlled, phase 3 trial. The Lancet Oncology. 2017; 18(8): 1049-1060.</i> • <i>Kępa L, Tyc-Szczepaniak D, et al. Stereotactic radiotherapy of the tumor bed compared to whole brain radiotherapy after surgery of single brain metastasis: Results from a randomized trial. Radiotherapy and Oncology. 2016; 121(2): 217-224.</i> • <i>Mahajan A, Ahmed S, et al. Post-operative stereotactic radiosurgery versus observation for completely resected brain metastases: a single-centre, randomised, controlled, phase 3 trial. The Lancet Oncology. 2017; 18(8): 1040-1048.</i>
----------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<ul style="list-style-type: none"> • <i>Marchan E, Peterson J, et al. Postoperative cavity stereotactic radiosurgery for brain metastases. Frontiers in Oncology. 2018; 8: 342.</i> • <i>Soliman H, Ruschin M, et al. Consensus contouring guidelines for post-operative completely resected cavity stereotactic radiosurgery for brain metastases. Int J Radiat Oncol Biophys. 2018; 100: 436-42.</i>
<p>Action taken by Public Health lead</p>	<p>The following papers were already included within the NHS England commissioned evidence review:</p> <ul style="list-style-type: none"> • <i>Brown P, Ballman K, et al. Postoperative stereotactic radiosurgery compared with whole brain radiotherapy for resected metastatic brain disease (NCCTG N107C/CEC-3): a multicentre, randomised, controlled, phase 3 trial. The Lancet Oncology. 2017; 18(8): 1049-1060.</i> • <i>Kępa L, Tyc-Szczepaniak D, et al. Stereotactic radiotherapy of the tumor bed compared to whole brain radiotherapy after surgery of single brain metastasis: Results from a randomized trial. Radiotherapy and Oncology. 2016; 121(2): 217-224.</i> • <i>Mahajan A, Ahmed S, et al. Post-operative stereotactic radiosurgery versus observation for completely resected brain metastases: a single-centre, randomised, controlled, phase 3 trial. The Lancet Oncology. 2017; 18(8): 1040-1048.</i> <p>The remaining papers were reviewed against the original PICO criteria for the policy proposition. None met the criteria:</p> <ul style="list-style-type: none"> • <i>Akanda Z, Hong W, et al. Post-operative stereotactic radiosurgery following excision of brain metastases: A systematic review and meta-analysis. Radiotherapy and Oncology. 2020; 142: 27-35.</i> This was published after the search date for the evidence review. (The study would not have been included if it was within the relevant time-frame as it had no comparator.) • <i>Marchan E, Peterson J, et al. Postoperative cavity stereotactic radiosurgery for brain</i>

	<p><i>metastases. Frontiers in Oncology. 2018; 8: 342.</i> This is a narrative review.</p> <ul style="list-style-type: none"> • <i>Soliman H, Ruschin M, et al. Consensus contouring guidelines for post-operative completely resected cavity stereotactic radiosurgery for brain metastases. Int J Radiat Oncol Biophys. 2018; 100: 436-42.</i> This is a guideline.
Outcome	<p>Low grade evidence identified by stakeholders that does not materially affect the conclusions of the existing evidence review.</p>