

NHS ENGLAND SPECIALISED SERVICES CLINICAL PANEL REPORT

Date: 17/07/19
Intervention: Stereotactic ablative radiotherapy (SABR)
Indication: Patients with previously irradiated, locally recurrent pelvic, spinal or para-aortic tumours (all ages)
ID: 1909
Gateway: 2, Round 1
Programme: Cancer
CRG: Radiotherapy

Information provided to the panel

Policy proposition
Evidence review x2
CPAG summary report
Commissioning through Evaluation (CtE) report

Key elements discussed

The Panel noted that the policy covers the re-irradiation of recurrent disease in a local area and does not cover metastatic disease. Panel noted that there was evidence to support the current policy although there was some indication of a benefit of SABR in improving pain management for this cohort of patients. In addition, the evidence review considered the safety of using SABR. The evidence identified consisted of weak case series which may be biased and many of the same patients were likely to be included in multiple studies.

The Panel were also presented with the CtE evaluation report. Panel noted that the number of patients included was minimal and a large proportion of the included patients had prostate cancer. The CtE report further supported the findings of the evidence review although in addition, suggested some potential benefit on long term survival and toxicity. Panel noted that the rate of toxicity was lower than expected in both groups.

Recommendation

The Panel requested that a subgroup of Panel, the PWG and the CtE lead should be convened to consider:

- 1) The natural history of the disease to enable the Panel to ascertain whether the intervention is likely to interrupt this.
- 2) Whether there is a subgroup of patients who are likely to derive further benefit from treatment (for example, a specific cancer site).
- 3) Whether the evidence base supporting the use of SABR in relation to pain management provides a means by which the eligibility criteria can identify a subgroup of patients who may benefit from treatment.

The PWG should then reconsider whether they are able to return the policy proposition to Panel with the revisions as outlined above. Alternatively, the policy proposition will process as a not for routine commissioning policy.

In addition, Panel requested the following amends to the documentation:

- 1) The PWG should revise the first criteria around prostate cancer as per policy 1908.
- 2) The inclusion of patients who have had surgery and who have residual disease should be reconsidered or alternatively, the title of the policy should be revised.

Why the panel made these recommendations

The Panel did not feel that the evidence base was strong enough to support the routine commissioning of SABR. However, although the evidence was considered poor, Panel identified that there may be a subgroup of patients who may benefit from treatment and this is not clear from the current policy proposition.

Panel noted that surgery is often a poor alternative treatment for these patients. As such, given this is potentially an area of unmet need in which it was unlikely that further studies would be published, the PWG are asked to work to identify any potential subgroup and ensure that there is an appropriate threshold for treatment.

Documentation amendments required

Panel requested the following amends to the documentation:

- 1) The PWG should revise the first criteria around prostate cancer as per policy 1908.
- 2) The inclusion of patients who have had surgery and who have residual disease should be reconsidered or alternatively, the title of the policy should be revised.

Declarations of Interest of Panel Members: None

Panel Chair: James Palmer, Medical Director

Post Panel notes

Post Clinical Panel, the policy was amended to focus on previously irradiated, locally recurrent primary pelvic tumours only.