

CLINICAL PRIORITIES ADVISORY GROUP
04 June 2019

Agenda Item No	03.4
National Programme	Cancer
Clinical Reference Group	Radiotherapy
URN	1874

Title
Proton Beam Therapy for Oesophageal Cancer in Adults

Actions Requested	1. Support the adoption of the policy proposition.
	2. Recommend its approval as an IYSD.

Proposition
<p>This policy statement recommends that proton beam therapy (PBT), a form of radiotherapy, should not be made routinely available for the treatment of oesophageal cancer in adults.</p> <p>This treatment is not currently available in this indication and therefore does not alter the current commissioning position. On review of the available clinical evidence, Clinical Panel deemed that the clinical benefits of the treatment were limited and recommended a not for routine commissioning policy statement be developed.</p>

Clinical Panel recommendation
The Clinical Panel recommended that the policy progress as a not for routine commissioning policy.

The committee is asked to receive the following assurance:	
1.	The Head of Clinical Effectiveness confirms the proposal has completed the appropriate sequence of governance steps and includes an: Evidence Review; Clinical Panel Report.
2.	The Head of Acute Programmes / Head of Mental Health Programme confirms the proposal is supported by an: Impact Assessment; Stakeholder Engagement Report; Consultation Report; Equality Impact and Assessment Report; Clinical Policy Proposition. The relevant National Programme of Care Board has approved these reports.

3.	The Director of Finance (Specialised Commissioning) confirms that the impact assessment has reasonably estimated a) the incremental cost and b) the budget impact of the proposal.
4.	The Clinical Programmes Director (Specialised Commissioning) confirms that the service and operational impacts have been completed.

The following documents are included (others available on request):

1.	Clinical Policy Proposition
2.	Engagement Report
3.	Evidence Summary
4.	Clinical Panel Report
5.	Equality Impact and Assessment Report

No	Outcome measures	Summary from evidence review
1.	Survival	Lin et al 2017 The 90 day postoperative mortality was not significantly associated with radiotherapy modality.
2.	Progression free survival	Not measured
3.	Mobility	Not measured
4.	Self-care	Not measured
5.	Usual activities	Not measured
6.	Pain	Not measured
7.	Anxiety / Depression	Not measured
8.	Replacement of more toxic treatment	<p>Lin et al 2017 The authors report that radiotherapy modality was statistically significantly associated with the incidence of pulmonary, cardiac and wound complications and length of stay.</p> <p>Fang et al, 2018 The authors report that treatment with intensity modulated radiotherapy (IMRT) increased age, and greater planning target volume were associated with increased risk of grade 4 lymphopaenia. They further assert that radiation modality was associated with lymphocyte reduction in patients with tumours in the lower oesophagus but not for those with tumours in the upper or middle oesophagus. They also found that cancer treatment outcomes were not affected by radiation modality.</p>
9.	Dependency on care giver /	Not measured

	supporting independence	
10.	Safety	Not measured
11.	Delivery of intervention	Not measured

Considerations from review by Rare Disease Advisory Group
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Not applicable.

Pharmaceutical considerations

Not applicable.

Considerations from review by National Programme of Care

The proposal received the full support of the Cancer PoC Board on the 2 nd May 2019.
