NHS ENGLAND SPECIALISED SERVICES

CLINICAL PANEL REPORT

Date: August 2019

Intervention: Stereotactic Ablative Radiotherapy (SABR)

Indication: previously irradiated, locally recurrent pelvic, spinal or para-aortic tumours

ID: 1909

Gateway: 2 Round 2

Programme: Cancer

CRG: Radiotherapy

Information provided to the panel

PPP Clinical Panel Report

Clinical Panel Report from Gateway 1 Round 1

Evidence Review undertaken by KiTEC (as part of the CtE Programme through NICE)

Commissioning through Evaluation Report by KiTEC (as part of the CtE programme through NICE)

Clinical Priorities Advisory Group Summary Report

Policy Proposition

Key elements discussed

SABR is a highly targeted form of radiotherapy which targets a tumour with radiation beam sources from different angles and delivered through hypofractionation.

The population in this proposition are heterogenous, having recurrent disease and who have previously been treated with radiotherapy.

This has been subject to a CtE study. This study reported on only 203 patients across eight centres, so this was considered a small study.

The evidence review included 13 published papers, two of which were systematic reviews, none with a comparator arm. Panel noted there were a range of outcomes reported and in different ways making it difficult to interpret.

The strongest evidence was considered to be from the two systematic reviews – one on pelvic tumours (Murray et al 2017, n=205 patients) and the other focussed on spinal tumours (Myrehaug et al 2017, n=405 patients). Murray et al reported overall survival as 11½ - 14 months with local control rates at 1 year being 51-100%. Myrehaug et al reported median local control rates at 1 year (defined in different ways) as 76%.

It was noted that SABR was generally well tolerated with a small percentage of patients experiencing grade 3-4 toxicities.

The Panel previously discussed this proposition at its July meeting and requested the Policy Working Group (PWG) considered the natural history of the disease to enable the Panel to ascertain whether the intervention is likely to interrupt this. The Panel considered that the amendments made to the proposition did not evidence this enough to justify a positive policy for all the conditions included.

Panel had also asked the PWG whether there was a subgroup of patients who are likely to derive further benefit from treatment (for example, a specific cancer site). Again, this was not clear through amendments made. The papers provided did not have changes tracked and so difficult to see where the modifications had been made.

It was reported that the PWG were not able to provide the outcome data of the surgically treated patients so cannot quantify what a survival benefit looks like for patients having treatment.

Inconsistencies were noted within the documentation. For example, references to liver cancer when this should be a reference to IOG compliance. Proposition is entitled to include para-aortic tumours although later within the proposition it states not to commission this.

The Panel considered that there was no evidence or case presented to consider recommending this treatment in patients with spinal or para-aortic tumours.

The Panel agreed that this proposition be re-focused as treatment for patients with pelvic tumours only. The positioning of this is avoidance of radical surgery and the associated complications. Panel discussed that a clear definition of extenterative surgery is needed, an explanation of what it entails and what it means for long term consequences/outcomes.

Timelines for development were discussed and Clinical Panel agreed that further time and work was needed to ensure this proposition was ready for progression. It was agreed that the aim for consideration at a CPAG prioritisation meeting would be May 2020. As a consequence, it was agreed that access to pelvic treatment only will continue to be available through the CtE budget.

Recommendation

Clinical Panel recommended that this proposition be revised to focus on previously irradiated, locally recurrent pelvic tumours only. To return to a future Panel meeting for re-consideration.

Why the panel made these recommendations

The Clinical Panel considered the evidence base was not strong enough to consider commissioning such treatment for patients with spinal or para-aortic tumours. The PWG should consider the recommendations made by Panel to revise and improve the proposition.

Documentation amendments required

Retitle and revise the proposition throughout to include previously irradiated, locally recurrent pelvic tumours only.

Extenterative surgery – a clear definition, explanation of what it entails and what it means for long term impact and requirements for support is required in the proposition.

Review the proposition to amend the inconsistencies.

Declarations of Interest of Panel Members: None.

Panel Chair: James Palmer, Medical Director

Post panel note:

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