MANAGEMENT IN CONFIDENCE

CLINICAL PRIORITIES ADVISORY GROUP
02 April 2019

Agenda Item No	03.1
National Programme	Women and Children
Clinical Reference Group	Congenital Heart
URN	1773

Title
Surgical treatment of complex primary cardiac tumours in children

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

Proposition
For routine commissioning. The Policy Statement has been developed to set out the pathway to be followed in cases in children where the presence of a cardiac tumour, due to size and/or location and relationship to adjacent structures alters the structure and function of the surrounding cardiac tissue. Rarely, resection of very large tumours may require the backup of mechanical cardiac support or of transplantation. Services are in place in England to provide this surgery; no provider selection is needed.

Clinical Panel recommendation
The Clinical Panel recommended that the policy progress as a routine commissioning policy statement.

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 Operational Delivery 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.	Stakeholder Engagement Report
3.	Evidence Summary – 3 papers included
4.	Clinical Panel Report
5.	Equality Impact and Assessment Report

No	*Metric*	*Summary from evidence review*
1.	Survival	Walter et al 2016 A retrospective case series of primary cardiac tumours from a single institution's experience over 26 years (1986-2012). 13 of the tumours were rhabdomyomas. 47 children underwent a subtotal or total resection and follow up was over a period of 11.6 +/- 3.5 years. There were three mortalities in total (two early and one late). Of the 44 children who survived 88.4% did not require a subsequent operation. 93.6% of the cohort were living with no limitations or symptoms even when tumour resection was incomplete. Case series are susceptible to selection bias potentially limiting their generalisability to wider populations. They also have limitations in generating cause and effect hypotheses. (Publication 1) Nathan et al 2014 A retrospective case series of 20 consecutive patients treated at one institution between 1990 and 2013. All patients had a ventricular fibroma and underwent tumour excision. All but one tumour was completely excised. There was no recurrence of ventricular arrhythmia. The median follow up period was 3.3 years. There were no deaths. Case series are susceptible to selection bias potentially limiting their generalisability to wider populations. They also have limitations in generating cause and effect hypotheses. (Publication 2) Padalino M et al 2014,

		A retrospective case series of 52 children with primary cardiac tumours treated at one institution between 1982 and 2009. 61.5% of the tumours were rhabdomyomas. Forty-one patients (79%) were managed medically and 11 (21%) underwent surgical resection. At a mean follow up of 7.2 +/- 5.4 years, two patients had died of complications from heart transplant. All surgical patients were asymptomatic and in sinus rhythm. 93% of medically managed patients were asymptomatic and 90% were in sinus rhythm.Case series are susceptible to selection bias potentially limiting their generalisability to wider populations. They also have limitations in generating cause and effect hypotheses. (Publication 3)
2.	Progression free survival	See Section 1
3.	Mobility	Not reported
4.	Self-care	Not reported
5.	Usual activities	Not reported
6.	Pain	Not reported
7.	Anxiety / Depression	Not reported
8.	Replacement of more toxic treatment	Not reported
9.	Dependency on care giver / supporting independence	Not reported
10.	Safety	Nathan et al (2014) describes the potential complications of cardiac surgery including the need for an assist device (n=2) or the need for a cardiac transplant (n=1).
11.	Delivery of intervention	Not reported

Considerations from review by Rare Disease Advisory Group
Not applicable.

Pharmaceutical considerations
Not applicable.

Considerations from review by National Programme of Care

1) The proposal received the support of the Women and Children PoC Board on the 28th February 2019. PoC asked for an edit be made to the pathway to clarify the intention that the 2 cardiothoracic transplant centres work together and discuss appropriate patient management.