SPECIALISED COMMISSIONING - CLINICAL EVIDENCE EVALUATION CRITERIA FOR A PROPOSITION FOR A CLINICAL COMMISSIONING POLICY FOR ROUTINE COMMISSIONING – UPDATED REPORT 26TH OCTOBER 2018 -

URN: 1740
TITLE: Selective internal radiation therapy (SIRT) for chemotherapy refractory / intolerant metastatic colorectal cancer

CRG: Radiotherapy
NPOC: Cancer
Lead: Professor Ricky Sharma
Date: Considered at Clinical Panel held 20 June 2018 and in correspondence with Clinical Panel in September 2018

This policy is being considered for:	For routine commissioning	X	Not for routine commissioning	
Is the population described in the policy the same as that in the evidence review including subgroups?	Yes, patients who have palliative colorectal cancer with liver metastases, Policy Working Group to revise the epidemiology.			
Is the intervention described in the policy the same or similar as the intervention for which evidence is presented in the evidence review?	Yes, with regard to Yttrium-90 microsphere (resin), but not with regard to Yttrium-90 microsphere (glass). In June panel considered there may be insufficient evidence to support the routine commissioning of glass microspheres and advised that these should not be routinely commissioned and the policy altered to this effect. However, during stakeholder testing and public consultation it was highlighted that the analysis from the Commissioning through Evaluation (CtE) programme did not differentiate between resin yttrium-90 microspheres and glass yttrium-90 microspheres. The Policy Working Group Chair advised that there was also clinical consensus that the glass and resin microspheres were equivalent stating; 'Both resin and glass microspheres contain the same radioisotope, yttium-90, and the absorbed doses that can be achieved in the treatment of primary and secondary liver cancer are equivalent'. Panel also heard advice that the main difference between the two products is the activity per microsphere, resulting in a much lower average number of glass microspheres being delivered in a treatment procedure compared to the average number of resin microspheres being delivered in a treatment procedure. Panel also heard that this technical difference can be advantageous in treating an individual patient, for example delivering a smaller number of microspheres (e.g. to a smaller volume of liver) or a larger number of microspheres (e.g. for more widely distributed multiple metastases), and that this			

	does not appear to have any significant clinical impact in routine practice. Clinical panel therefore re-considered the policy proposition by correspondence and agreed that the policy would recommend the use of both resin and glass yttrium-90 microspheres. Panel considered that this was consistent with the evidence from the CtE and with clinical advice and may offer advantages to patients.
Is the comparator in the policy the same as that in the evidence review? Are the comparators in the evidence review the most plausible comparators for patients in the English NHS and are they suitable for informing policy development?	Best supportive care. The intervention is palliative
Are the clinical benefits demonstrated in the evidence review consistent with the eligible population and/or subgroups presented in the policy? Are the clinical harms demonstrated in the evidence review reflected in the eligible and /or ineligible population and/or subgroups presented in the policy?	Yes, modest in terms of perhaps a two month increase in survival. There may be some benefit to quality of life. Invasive procedure. Documented and acceptable.
Rationale Is the rationale clearly linked to the evidence?	Yes.
<u>Advice</u> The Panel should provide advice on matters relating to the evidence base and policy development and	The intervention appears to have a modest clinical benefit. There may be a small increase in survival and some limited quality of life benefit.

prioritisation. Advice may cover: • Uncertainty in the evidence base • Challenges in the clinical interpretation and applicability of policy in clinical practice • Challenges in ensuring policy is applied appropriately • Likely changes in the pathway of care and therapeutic advances that may result in the need for policy review.	Estimates of cost effectiveness suggest that the intervention may not represent 'value' and may not be a good use of NHS resources.		
Overall conclusion	This is a proposition for routine commissioning and	Should proceed for routine commissioning	X
		Should reversed and proceed as not for routine commissioning	
	This is a proposition for not routine commissioning and	Should proceed for not routine commissioning	
		Should be reconsidered by the PWG	

Updated report approved by:
Dr David Black
Deputy Medical Director, Specialised Services
26 October 2018