Engagement Report for Clinical Commissioning Policies

Unique Reference Number	170102P
Policy Title	Selective internal radiation therapy (SIRT) for chemotherapy refractory / intolerant metastatic colorectal cancer (Adults)
Lead Commissioner	[redacted]
Clinical Reference Group	Radiotherapy Clinical Reference Group
Which stakeholders were contacted to be involved in policy development?	A policy working group was established in line with NHS England's standard methods. The draft policy proposition was sent to the following groups for comment: • Radiotherapy Clinical Reference Group (CRG); • Registered stakeholders of the Radiotherapy CRG; • Chair of the Colorectal CRG; and • SIRT Commissioning Through Evaluation (CtE) Data Working Group.
Identify the relevant Royal College or Professional Society to the policy and indicate how they have been involved	Key stakeholders include: • Royal College of Radiologists; • Royal College of Physicians; and • British Nuclear Medicine Society
Which stakeholders have actually been involved?	Feedback was received from: (i) Royal College of Radiologists; (ii) Royal College of Physicians; and (iii) British Nuclear Medicine Society. In addition, feedback on the draft policy proposition was received from industry manufacturers including Sirtex, BTG plc and Terumo

	Europe.
Explain reason if there is any difference from previous question	Industry has played an important role in the evaluation of the CtE programme and the evidence reviews included manufacturer specific evaluation. Therefore it is considered important to receive early feedback.
Identify any particular stakeholder organisations that may be key to the policy development that you have approached that have yet to be engaged. Indicate why?	None identified.
How have stakeholders been involved? What engagement methods have been used?	The draft policy proposition was distributed to stakeholders via email for a period of two weeks of stakeholder testing, in preparation for public consultation. Stakeholders were asked to submit their responses via email, using a standard response and in line with NHS England's standard processes for developing clinical commissioning policies. Stakeholder testing asked the following questions: • It is proposed that highly specialised products will go for period of public consultation. Please select the consultation level that you consider to be most appropriate. (6 weeks or up to 12 weeks) • Do you have any further comments on the proposed changes to the document? • If Yes, please describe below, in no more than 500 words, any further comments on the proposed changes to the document as part of this initial 'sense check'. • Please declare any conflict of interests relating to this document or service area.
What has happened or changed as a result of their input?	No other changes have been made to the policy proposition. However, the following feedback was received from stakeholders: a) Stakeholders suggested that the proposed clinical criteria for commissioning should be extended from 5 or fewer hepatic lesions to 10 or fewer hepatic lesions. The PWG considered the clinical criteria as part of development of the policy development process and this was based on

	evidence on benefits in overall survival as per the evidence review and the CtE. No additional evidence was submitted by stakeholders that met the PICO and therefore the policy proposition is unchanged. b) One stakeholder queried why glass microspheres had been excluded from the policy proposition as both had been part of the CtE programme. Although both resin and glass microspheres had been part of the CtE programme, the evidence review had considered both resin and glass microspheres separately. This supported evidence for the use of resin microspheres but not glass microspheres hence the decision was made to exclude glass microspheres from the initial policy proposition. c) One stakeholder suggested the use of holmium-166 microspheres in SIRT be included in the policy proposition. The policy proposition has been developed based on both the findings of two separate Evidence Reviews (yttrium-90 and holmium-166), together with the findings from the CtE programme. Holmium-166 microspheres have not been included within the policy recommendation because there was insufficient evidence of effectiveness found within the Evidence Review. It is important to note that holmium-166 was not offered within the CtE programme and so no evidence was identified through that process either. As a result, no change has been made to the policy proposition. d) Stakeholders raised issues with the tariff payments for SIRT. The policy proposition is based on clinical evidence and does not take account of pricing concerns. However, a completed impact assessment will be made available as part of public consultation. As a result, no change has been made to the policy proposition. e) Stakeholders suggested that folinic acid given with fluorouracil and irinotecan (FOLFIRI) should be considered as a first-line chemotherapy option for patients with unresectable metastatic colorectal cancer. This is outside the scope of this policy proposition and therefore no changes have been made to the clinical pathway described in the policy proposition as a result of this feedback.
How are stakeholders being kept informed of progress with policy development as	All stakeholders will be notified when the draft policy proposition goes out to public consultation.

a result of their input?	
What level of wider public consultation is recommended by the CRG for the NPoC Board to agree as a result of stakeholder involvement?	Based on feedback from stakeholders, the PWG recommend a 6 week public consultation.

Postscript: Following public consultation, the clinical commissioning policy was amended to include the use of yttrium-90 glass microspheres with the agreement of the Clinical Panel.