

**SPECIALISED COMMISSIONING - CLINICAL EVIDENCE EVALUATION
CRITERIA FOR A PROPOSITION FOR A CLINICAL COMMISSIONING POLICY
FOR ROUTINE COMMISSIONING**

URN: 1675

TITLE: Surgery for pectus deformity (all ages)

CRG: Specialised Cancer surgery

NPOC: Cancer

Lead: [REDACTED]

Date: 09/05/18

This policy is being considered for:	For routine commissioning	Not for routine commissioning	X
Is the population described in the policy the same as that in the evidence review including subgroups?	Yes. There was no evidence presented to support that patients with greater deformity would benefit differentially and more positively compared with the less severely affected population.		
Is the intervention described in the policy the same or similar as the intervention for which evidence is presented in the evidence review?	Yes.		
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?	The comparators were alternative surgical techniques. There was limited evidence against any other control groups.		
Are the clinical benefits demonstrated in the evidence review consistent with the eligible population and/or subgroups presented in the policy?	In terms of psychological benefit, there were some changes however the degree of benefit was limited and the study methodology was such that it was difficult to draw firm conclusions on the degree of psychological benefit. The Panel noted that many patients did not appear to have significant psychological impairment prior to the intervention. There was a lack of evidence about patients with more severe pectus deformity. The Panel noted that there is NICE Intervention Procedure Guidance which concludes that the procedure could be cosmetically effective and highlighted the risks of surgery but did not provide further evidence to support benefit.		

<p>Are the clinical harms demonstrated in the evidence review reflected in the eligible and /or ineligible population and/or subgroups presented in the policy?</p>	<p>Yes.</p>		
<p>Rationale Is the rationale clearly linked to the evidence?</p>	<p>Yes.</p>		
<p><u>Advice</u> The Panel should provide advice on matters relating to the evidence base and policy development and prioritisation. Advice may cover:</p> <ul style="list-style-type: none"> • 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. 	<p>No further amendments were required. The PWG should check that the CPAG Summary Report and the evidence reviews are consistent and that further detail is included in relation to the physiological outcomes.</p> <p>The policy proposition can proceed to stakeholder testing.</p> <p>Clinical Panel were in agreement that the evidence base does not support routine commissioning of surgery for pectus deformity. A not for routine commissioning policy (all ages) is supported.</p>		
<p>Overall conclusion</p>	<p>This is a proposition for routine commissioning and</p>	<p>Should proceed for routine commissioning</p>	
		<p>Should reversed and proceed as not for routine commissioning</p>	
	<p>This is a proposition for not routine commissioning and</p>	<p>Should proceed for not routine commissioning</p>	<p>X</p>
		<p>Should be</p>	

		reconsidered by the PWG	
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Overall conclusions of the panel

Report approved by:

David Black

Clinical Panel Co-Chair

22nd May 2018

Post meeting note:

The CPAG cover sheet was amended as requested by Clinical Panel.