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

URN: 1704
TITLE: 18F-FDG positron emission tomography (PET-CT) planned radical radiotherapy treatment of oesophageal cancer

CRG: Radiotherapy
NPOC: Cancer
Lead: [redacted]
Date: 18/7/18

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 for whom radical radiotherapy is planned. Panel recognised the poor prognosis for oesophageal cancer and that less than half of patients can be treated with curative intent. Surgery is offered to the majority, but about 40% of patients are treated with radical radiotherapy – about 1,450 people in 2016/17. Panel recognised the clinical importance of this intervention for patients.			
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?	There were no controlled studies to demonstrate that the effectiveness of radiotherapy planned with PET-CT achieves outcomes that differ from those achieved without the use of PET-CT planning. Panel recognised the theoretic potential advantage of FDG PET-CT planned radiotherapy however no evidence is provided which demonstrates this. The comparison of outcomes is needed in order to be sure there is a net advantage. Panel considered that the addition of PET-CT planned radiotherapy would replace the CT planning scan. There could be the potential to delay treatment, depending upon the relative availability of FDG PET-CT compared with CT alone.			
Are the clinical benefits demonstrated in the evidence review consistent with the eligible population	There were no significant survival benefits demonstrated in the literature. Panel noted that there was one study identified in which both FDG PET-CT and CT scans were performed in the same patients for planning radiotherapy. Differences were found between tumour delineation using FDG PET-CT and CT scan in			

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?	the majority of patients, but these were not consistent in magnitude or direction. All patients received treatment based on the FDG PET-CT scan. Therefore any differences in outcome could not be demonstrated. The literature suggested that there could be fewer adverse events from the prevention of exposure to surrounding tissue but there were no comparators to demonstrate with certainty that this was the case. Panel noted the high numbers of severe adverse events were reported in the two studies that reported safety outcomes from PET-CT planned radiotherapy. Mild to moderate adverse events were much more common in one study than the other. However the studies provide no evidence on whether adverse events of radiotherapy or treatment completion might vary depending on the method used to plan the radiotherapy.
Rationale Is the rationale clearly linked to the evidence?	No. There was no clear clinical benefit demonstrated from the use of FDG PET-CT planned radical radiotherapy.
<u>Advice</u> The Panel should provide advice on matters relating to the evidence base and policy development and 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.	The Panel requests that the policy progresses as not for routine commissioning. The Panel stated that there was a lack of evidence comparing outcomes from PET-CT planned radiotherapy and CT planned radiotherapy. The Panel noted that there could be a theoretical advantage to the use of PET-CT planned radical radiotherapy, but that this would need to be demonstrated. PET-CT planned radiotherapy could have the potential to slow the pathway of care in the planning of radical radiotherapy, compared with the use of CT planning. As a clinical benefit was not demonstrated, it would therefore be inappropriate to introduce this technology for routine use. Panel noted that the three studies identified in the literature review were all relatively small, with the total number of participants across all three studies totalling less than 100. The CPAG Summary Report should be amended to note that the studies were uncontrolled, and therefore that the lack of a comparator means that any clinical benefit (if any) was not possible to estimate.

Overall conclusion	This is a proposition for routine commissioning and	Should proceed for routine commissioning	
		Should reversed and proceed as not for routine commissioning	X
	This is a proposition for not routine commissioning and	Should proceed for not routine commissioning	
		Should be reconsidered by the PWG	

Overall conclusions of the panel

Report approved by:
David Black
Clinical Panel Chair
23/07/18

Post Panel Note:

Following Clinical Panel, the policy proposition was reversed to not for routine commissioning and was approved by the Clinical Effectiveness Team (CET) to proceed to stakeholder testing.