

## Consultation Report

### Topic details

<b>Title of policy or policy statement:</b>	18F-fluorodeoxyglucose (FDG) positron emission tomography-computed tomography (PET-CT) as part of radical radiotherapy treatment planning for oesophageal cancer (all ages)
<b>Programme of Care:</b>	Cancer
<b>Clinical Reference Group:</b>	Cancer Diagnostics
<b>URN:</b>	1704

### 1. Summary

This report summarises the outcome of a public consultation that was undertaken to test the policy proposal.

### 2. Background

Oesophageal cancer is a cancer of the food pipe. Surgery is the main curative treatment option, however, in some cases chemotherapy or radiotherapy may be given in its place. Some people may also have a combination (at least two or more) of surgery, chemotherapy and radiotherapy as part of a curative treatment plan.

Planning the radiotherapy treatment is integral to ensuring that the cancer gets the prescribed dose of radiation while normal body tissues get as little as possible. Currently, in accordance with the radiotherapy service specification requirements, computed tomography (CT) scans are used to plan the radiotherapy treatment for patients with cancer, including oesophageal cancer. It is thought that proton emission tomography-computed tomography (PET-CT) could be an alternative to CT scans in radiotherapy treatment planning.

In developing the policy proposition, an evidence review was undertaken which found a lack of evidence comparing the outcomes from PET-CT planned radiotherapy and CT planned radiotherapy. The policy proposition has been through stakeholder testing and public consultation.

### 3. Publication of consultation

The policy was published and sign-posted on NHS England's website and was open to consultation feedback for a period of 30 days from 8<sup>th</sup> November 2018 to 8<sup>th</sup> December 2018. Consultation comments have then been shared with the Policy Working Group (PWG) to enable full consideration of feedback and to support a decision on whether any changes to the policy might be recommended.

Respondents were asked the following consultation questions:

- Has all the relevant evidence been taken into account?
- Does the impact assessment fairly reflect the likely activity, budget and service impact?
- Does the policy proposition accurately describe the current patient pathway that patients experience?
- Additional comments?

#### **4. Results of consultation**

Thirteen responses were received in response to public consultation; of these responses, 5 were from individual clinicians, 3 were from patients and 5 were from organisations (3 providers, 1 non-profit organisation, 1 from Royal College of Physicians).

Nine respondents were supportive of the policy proposition and agreed that the evidence base presented recommended a not for routine commissioning policy. The remaining respondents raised the following issues:

- One respondent suggested that based on the evidence presented a review of the clinical value of CT planning for radiotherapy should take place. This was based on the findings from the evidence review which included data on gross tumour volumes that were missed during CT based radiotherapy planning. The respondent suggested that additional research into PET-CT should be encouraged, as this would help to build an evidence base and reduce the dependency on CT scans.
- One respondent felt that although the evidence presented was weak, PET-CT scans used to stage the cancer, which are routinely commissioned by NHS England, should be used as part of radiotherapy planning. The respondent went on to set out a series of costs that would allow for integration of IT systems to enable this to happen.
- One respondent queried the inclusion of three uncontrolled studies cited in the evidence review, commenting that the studies had different methodologies and tumour dosages.
- One respondent raised concerns that not commissioning the use of PET-CT in the radiotherapy treatment planning for oesophageal cancer would result in an equality issue as the scans are used in the radiotherapy treatment planning for other cancers (e.g. lymphoma).

#### **5. How have consultation responses been considered?**

Responses have been carefully considered and noted in line with the following categories:

- Level 1: Incorporated into draft document immediately to improve accuracy or clarity
- Level 2: Issue has already been considered by the CRG in its development and therefore draft document requires no further change
- Level 3: Could result in a more substantial change, requiring further consideration by the CRG in its work programme and as part of the next iteration of the document
- Level 4: Falls outside of the scope of the policy and NHS England's direct commissioning responsibility.

All responses to public consultation have been graded as Level 2 responses.

#### **6. Has anything been changed in the policy as a result of the consultation?**

Feedback from public consultation has been considered by as follows:

- The findings from the evidence review demonstrated a lack of evidence comparing outcomes from PET-CT planned radiotherapy and CT planned radiotherapy. Clinical

panel noted that there could be a theoretical advantage for the use of PET-CT planned radiotherapy but clinical benefits have not been demonstrated in the literature. There may be scope going forward to commission future research and build the evidence base. Further research would be supported by the PWG and should new evidence come to light, NHS England would re-consider the current policy position. It is important to note that no new evidence was presented by stakeholders during consultation.

- PET-CT is currently commissioned for use in the staging of oesophageal cancer and the PWG is aware that it is routine practice for radiotherapy departments to use the staging PET-CT scan to support the radiotherapy treatment planning process. This practice is supported by the PWG.
- The evidence review has been developed using NHS England's standard Methods for developing clinical commissioning policies and relevant studies have been included in line with this methodology and in line with the agreed PICO.
- NHS England does not commission the use of PET-CT in radiotherapy treatment planning for any clinical indication and therefore does not consider that development of this policy will result in any inequalities.

As a result, no changes have been made to the policy proposition.

**7. Are there any remaining concerns outstanding following the consultation that have not been resolved in the final policy proposal?**

None.