

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

URN: 1842

TITLE: Proton Beam Therapy for Hepatocellular Carcinoma

CRG: Radiotherapy

NPOC: Cancer

Date: 16/01/19

This policy is being considered for:	For routine commissioning		Not for routine commissioning	X
Is the population described in the policy similar to that in the evidence reviewed, including subgroups?	Yes, patients with inoperable hepatocellular carcinoma for whom radiotherapy is a treatment option.			
Is the intervention described in the policy similar to the intervention for which evidence is presented in the evidence review?	Yes.			
Are the comparators in the evidence reviewed plausible clinical alternatives within the NHS and are they suitable for informing policy development?	The studies are weak. The comparators are conventional radiotherapy and stereotactic ablative radiotherapy (SABR).			
Are the clinical benefits described in the evidence review likely to apply to the eligible population and/or subgroups in the policy?	The clinical benefits of this treatment are not well demonstrated. This is consistent with the policy statement presenting a not for routine commissioning position.			
Are the clinical harms described in the evidence review likely to apply to the eligible and /or ineligible population and/or subgroups in the policy?	Panel acknowledged that there are potential short and long term benefits in reducing the exposure of sensitive normal tissue to radiation. Targeted forms of radiotherapy that cause less damage to surrounding local normal tissue may therefore have theoretical advantages. Proton beam therapy may have the potential to result in less radiation exposure in surrounding tissue and Stereotactic Ablative Radiotherapy (SABR) is another form of radiotherapy that aims to target radiation to the tumour. In patients with HCC long term adverse effects are less likely to be clinically relevant as patients are not expected to be cured as a result of this treatment and have a shortened life expectancy. However, avoiding immediate damage to surrounding normal tissue may be important but the degree to which this is achieved by PBT and its place in the pathway relative to SABR are unclear. SABR itself is not routinely commissioned and is subject to an evaluation programme.			

	<p>Panel noted that the systematic review paper included with the PPP stated 'toxicity data are scarcely reported among studies, and as a result it is not possible to adequately compare acute and late treatment toxicity based on clinical data'.</p> <p>There is some suggestion that adverse events and complications from PBT may tend to be lower than for other radiotherapy modalities. However, the quality of the studies are inadequate to determine this with any degree of certainty.</p>		
<p>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"> • Balance between benefits and harms • Quality and 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>The Panel supported the not for routine commissioning policy statement but noted there may be a place for further research and evaluation in determining the potential place of this treatment in the pathway.</p> <p>Panel recommended that the policy statement was circulated for public consultation outside of the standard process for policy statement development.</p>		
<p>Overall conclusion</p>	<p>This is a proposition for routine commissioning and</p>	<p>Should proceed for routine commissioning</p>	
		<p>Should be reversed and proceed as not for routine commissioning</p>	
		<p>Should proceed for</p>	<p>X</p>

	This is a proposition for not routine commissioning and	not routine commissioning	
		Should be reconsidered by the PWG	

Overall conclusions of the panel

Report approved by:
David Black
Clinical Panel Chair
25/1/19

Post meeting note:

On review of stakeholder feedback, which was supportive of the policy statement, the Programme of Care Board agreed that public consultation was not required.