

**CLINICAL PRIORITIES ADVISORY GROUP  
04 June 2019**

<b>Agenda Item No</b>	03.2
<b>National Programme</b>	Cancer
<b>Clinical Reference Group</b>	Radiotherapy
<b>URN</b>	1852

<b>Title</b>
Proton beam therapy for adult lymphoma

<b>Actions Requested</b>	1. Agree the policy proposition
	2. Recommend adoption as an in-year service development

<b>Proposition</b>
<p>This policy statement recommends that proton beam therapy (PBT), a form of radiotherapy, should not be made routinely available for the treatment of lymphoma in adults.</p> <p>This treatment is not currently available in this indication and therefore does not alter the current commissioning position. On review of the available clinical evidence, Clinical Panel deemed that the clinical benefits of the treatment were limited for this population and recommended a not for routine commissioning policy statement be developed.</p>

<b>Clinical Panel recommendation</b>
The Clinical Panel recommended that the policy progress as a not for routine commissioning policy.

<b>The committee is asked to receive the following assurance:</b>	
1.	The Head of Clinical Effectiveness confirms the proposal has completed the appropriate sequence of governance steps and includes an: Evidence Review; Clinical Panel Report.
2.	The Head of Acute Programmes / Head of Mental Health Programme confirms the proposal is supported by an: Impact Assessment; Stakeholder Engagement Report; Consultation Report; Equality Impact and Assessment Report; Clinical Policy Proposition. The relevant National Programme of Care Board has approved these reports.

3.	The Director of Finance (Specialised Commissioning) confirms that the impact assessment has reasonably estimated a) the incremental cost and b) the budget impact of the proposal.
4.	The Clinical Programmes Director (Specialised Commissioning) confirms that the service and operational impacts have been completed.

<b>The following documents are included (others available on request):</b>	
1.	Clinical Policy Proposition
2.	Engagement Report
3.	Evidence Summary
4.	Clinical Panel Report
5.	Equality Impact and Assessment Report

<b>1. The Benefits of the Proposition – Proton beam therapy (PBT) versus photon x-ray conventional radiotherapy (CRT) in adult lymphoma</b>		
<i>No</i>	<i>Outcome measures</i>	<i>Summary from evidence review</i>
1.	Survival	Not measured
2.	Progression free survival	<b>Hoppe et al 2017.</b> For the patients in this disease registry follow up, the 3-year relapse-free survival rate was 92% for all patients with those who had partially responded to chemotherapy having a significantly higher risk of relapse than those who experienced complete or unknown response to chemotherapy.
3.	Mobility	Not measured
4.	Self-care	Not measured
5.	Usual activities	Not measured
6.	Pain	Not measured
7.	Anxiety / Depression	Not measured
8.	Replacement of more toxic treatment	10 recurrences occurred with seven in the proton beam radiation field in this observational follow-up with no comparators.
9.	Dependency on care giver / supporting independence	Not measured

10.	Safety	<b>Hoppe et al 2017.</b> No grade 3 radiation-related toxicities were reported in this observational study in a median follow up period of 32 months.
11.	Delivery of intervention	Not measured

<b>Considerations from review by Rare Disease Advisory Group</b>
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Not applicable.
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<b>Pharmaceutical considerations</b>
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Not applicable.
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<b>Considerations from review by National Programme of Care</b>
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1) The proposal received the full support of the Cancer PoC Board on the 18 <sup>th</sup> April 2019.
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