

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

URN: 1852

TITLE: Proton beam therapy for adult lymphoma

CRG: Radiotherapy

NPOC: Cancer

Date: 20/02/19

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.		
Is the intervention described in the policy similar to the intervention for which evidence is presented in the evidence review?	The evidence presented by the PPP was previously determined to be limited so a full evidence review was not undertaken and a policy statement was developed.		
Are the comparators in the evidence reviewed plausible clinical alternatives within the NHS and are they suitable for informing policy development?	No. None of the evidence presented included comparators.		
Are the clinical benefits described in the evidence review likely to apply to the eligible population and/or subgroups in the policy?	The benefits presented were limited hence the '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?	No.		

The Panel should provide advice on matters relating to the evidence base and policy development and prioritisation. Advice may cover:

- 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.

The policy statement should proceed for stakeholder testing as a 'not for routine commissioning' policy statement.

The PPP Clinical Panel report requested that the policy statement did not refer to SABR and IMRT and the Panel were content that these two statements have been addressed.

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

Overall conclusions of the panel

Report approved by:
 James Palmer
 Clinical Panel Chair
 22/2/19

Post meeting note:

The policy proceeded to stakeholder testing in line with the standard Methods.