

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

URN: 1873

TITLE: Proton beam therapy for head and neck cancer

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?	The Panel discussed the range of diagnoses which fit within head and neck cancer. The Panel noted that the skull based tumours considered as part of the previous policy were excluded, which included chondrosarcoma and chordoma. At this stage the proposal is to have a broad based policy statement for the population and wait for evidence for relevant subgroups for future policy development.			
Is the intervention described in the policy similar to the intervention for which evidence is presented in the evidence review?	The issues are the place of surgery, radiotherapy and chemotherapy within the pathway. The timing of those treatments has the potential to be changed with future evidence in relation to proton beam therapy so the intervention described is around its sequencing.			
Are the comparators in the evidence reviewed plausible clinical alternatives within the NHS and are they suitable for informing policy development?	No. There were two registries included; one study with two separate registry arms one with photon IMRT and one with proton beam therapy. Both groups were with chemotherapy. The studies were difficult to interpret due to differences in induction chemotherapy.			
Are the clinical benefits described in the evidence review likely to apply to the eligible population and/or subgroups in the policy?	The Panel previously noted the uncertainty of the clinical benefits.			
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	None.			

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.

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
