

## NHS ENGLAND SPECIALISED SERVICES CLINICAL PANEL REPORT

Date: 17/07/19  
Intervention: Stereotactic ablative radiotherapy (SABR)  
Indication: Metachronous extracranial oligometastatic cancer (all ages)  
ID: 1908  
Gateway: 2, Round 1.  
Programme: Cancer  
CRG: Radiotherapy

---

### Information provided to the panel

Policy proposition  
Evidence review  
CPAG Summary Report  
Commissioning through Evaluation Report

---

### Key elements discussed

Panel noted that the evidence base suggested that there was a significant benefit with respect to survival demonstrated with the use of SABR, doubling overall survival to around 13-14 months. Although some toxicity was demonstrated, this was likely to be considered tolerable by patients. In addition, there was some additional benefit demonstrated in terms of local control with respect to the newer technology and some studies reporting an increase in quality of life using disease specific questionnaires. Overall, the Panel noted that the quality of evidence presented was weak but noted that clinical effectiveness was demonstrated and that there was evidence to support the use of SABR for a defined cohort of patients.

The CtE report was also provided to Panel. Panel noted that this largely reflected the published evidence base. There was some suggestion that surgery was considered cost effective in comparison to SABR but it was highlighted that patients having surgery are likely to have a better prognosis compared to those who do not meaning that the potential effectiveness may be inflated. Panel noted that it was not possible to do subgroup analysis using the CtE data as a result of data quality issues, particularly in relation to quality of life. A definition of oligo metastases in the CtE programme was not provided however the report states that patients would not be treated in more than 3 sites in total.

Panel considered whether it was appropriate for the policy to provide access to SABR for patients with all tumour sites (<5 metastases in a maximum 2 sites of spinal disease) when the evidence base focused on prostate and bowel cancer.

Panel also considered the number of metastases included in the eligibility criteria. The studies presented in the evidence base included patients with 3 or 4 metastases, which is reflected in the policy eligibility criteria which states that patients should have less than 5 metastases. However, this is not consistent with the CtE report which provided treatment to patients in no more than 3 sites and as such, the policy may be increasing access from patients with 3 metastases to 4. It was noted that this may represent treatment of an additional 2000 patients.

---

## Recommendation

The Panel approved the policy to progress to stakeholder testing subject to the amendments below. The revised policy will be approved by Chair's action in advance of the next meeting.

---

## Why the panel made these recommendations

The Panel noted that the evidence base provided support the clinical effectiveness of SABR for the treatment of oligo metastases and the evidence base was further supported by the CtE report. They agreed that it was appropriate for the policy to include all types of metastases as there was no evidence to suggest this was not appropriate and the evidence presented for breast and bowel cancer was considered translatable to other tumour sites. Panel noted that the commissioning plan should include the inclusion of quality assurance checks to ensure that the centres who have not provided this treatment to date are properly quality assured.

---

## Documentation amendments required

Panel requested that the policy proposition was revised to:

- 1) Clarify the eligibility criteria as follows:
    - Amend the first eligibility criteria to ensure that: the reference to prostate cancer is included and repeated. This should be a direct quote from the CtE documentation which is correctly written.
    - The criteria should clearly state AND or OR.
    - The Panel felt that the PWG would need to include a good rationale for increasing eligibility from the criteria of oligo metastases included in the CtE. This should be redrafted to also state the maximum number of treatment episodes which will be commissioned. Is the policy for 3 or 4 metastases at first treatment? How many further metastases are covered by the policy? Is it another 3 (or 4) at a different time?
    - Clarification of retreatment requirements and eligibility for these patients should be included. This should cover the criteria that an MDT will apply in these circumstances.
    - The detail included in the eligibility criteria should be included in the section 'Dose and Fractionation'
  - 2) Clarify the exclusion criteria as follows:
    - To consider including in the exclusion criteria or eligibility criteria patients with subsequent metachronous disease.
  - 3) Panel noted an error in the study by Palma et al on the evidence review. CET to review and amend as required.
  - 4) Discussion with PWG Clinical Chair to cover the issues raised with the Chair of Clinical Panel
- 

## Post Meeting Note

The policy was amended in line with Clinical Panel feedback and Chair's action was sought to approve the policy to proceed to public consultation

Declarations of Interest of Panel Members:

None Panel Chair: James Palmer, Medical Director