

## NHS ENGLAND SPECIALISED SERVICES CLINICAL PANEL REPORT

Date: 17 April 2019  
Intervention: Proton beam therapy for craniospinal irradiation  
Indication: Childhood tumours in young adults  
ID: 1841  
Gateway: Gateway 2  
Programme: Cancer  
CRG: Radiotherapy

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### Information provided to the panel

Literature search  
3 Papers from PPP  
Revised PPP  
Policy statement  
Clinical Panel Report 18 July 2018

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### Key elements discussed

A policy statement included in the suite of documents to support the development of proton beam services. Initially the proposal was to develop an all ages policy for craniospinal irradiation. However, the children's policy developed to become an all-encompassing policy for radiotherapy in children with curative intent. Craniospinal irradiation in children would therefore be included in that policy. There are some childhood tumours that can appear in early adulthood and the proposed policy statement is to allow access to proton beam therapy for those individuals.

At the initial assessment of the policy proposal at the PPP stage the clinical panel recommended that an evidence review was undertaken. As with previous conclusions taken with the children's policy the panel is looking for equivalence for proton therapy in terms of tumour outcome as the theoretical benefit of reduction of toxicity has been previously explored.

Three small studies were included for the Panel to review. Proton treatment resulted in fewer acute toxicities which may prevent an individual from completing their cycle of radiotherapy. The studies raised high levels of uncertainty with selection bias, heterogenous group of patients, and studies extended over a long period of time due to the rare nature of the indication, through this time treatment protocols have changed.

The evidence provided is a tentative suggestion that protons are not inferior to photons and hence supportive of a routine commissioning position for young adults alongside the children's policy.

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### Recommendation

Agreed that policy statement can move forward as a 'for routine commissioning' position.

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### **Why the panel made these recommendations**

The population was of adult patients with childhood tumours where craniospinal irradiation would be part of the childhood treatment protocol and is likely to involve young adults up to around the age of 25.

Although the evidence base is weak some childhood tumours will behave in a similar way in young adults where craniospinal irradiation may be required.

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### **Documentation amendments required**

Remove paragraph 3 in the intervention section.

Page 4: amend to medium term outcomes.

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Declarations of Interest of Panel Members: None

Panel Chair: James Palmer, Medical Director