

NHS ENGLAND SPECIALISED SERVICES CLINICAL PANEL REPORT

Date: August 2019

Intervention: External beam prostate radiotherapy

Indication: newly diagnosed patients with hormone sensitive prostate cancer presenting with low volume metastatic disease

ID: 1901

Gateway: 2 Round 1

Programme: Cancer

CRG: Radiotherapy

Information provided to the panel

PPP Clinical Panel Report

Evidence Review undertaken by Solutions for Public Health

Clinical Priorities Advisory Group Summary Report

Policy Proposition

Key elements discussed

Clinical Panel noted that this policy proposition is for radiotherapy directly to the prostate gland in those people with metastatic cancer. There is considered to be a biological benefit for treating the prostate rather than the metastases at this stage, to reduce any small leakage into the blood stream and therefore reducing the risk of further metastases.

This is not a treatment to cure the condition but intended to improve survival.

Panel did note that there are improvements in the diagnosis of patients included in this particular subgroup. This would need to be considered in the overall policy development process to understand impact.

NHS England have a policy for the routine commissioning of androgen therapy in metastatic prostate cancer. The addition of EBRT is to enhance clinical benefit and increase survival.

Panel noted from the evidence review that the studies included used three different definitions of low volume metastatic disease with no sensitivity analysis of the optimum definition. Therefore, it depends on which definition you look at as to the extent of the benefit reported. Utilising definition 1 (fewer than 5 bone metastases) a statistically significant improvement (7%) was observed in overall survival at 3 years.

Three-year progression free survival was reported at 42 months with EBRT treatment versus 39 months without.

In the policy proposition implementation section under Dose and Fractionation, the wording a fraction schedule of 36 Grays in six weekly fractions. This needs to be worded more carefully as the Panel considered this should state the number of daily fractions over a 6 weekly period or that 36 Grays is the total over the whole 6 weeks.

Otherwise, the Panel considered the inclusion and exclusion criteria in the proposition were clearly stated.

Well written CPAG summary report.

Recommendation

Clinical Panel recommended that this proposition progress to stakeholder testing as a routinely commissioned proposition.

Why the panel made these recommendations

The Clinical Panel considered the evidence showed clinical benefit from adding EBRT to standard of care. This was particularly demonstrated in overall survival benefit outcomes.

Documentation amendments required

CPAG Summary Report - Insert a link in paragraph 4 of the Survival section to the NHS England published policy for Docetaxel in combination with androgen deprivation therapy for the treatment of hormone naïve metastatic prostate cancer. Link to be inserted after the sentence referencing docetaxel from the Boevé study.

Criteria: Review and amend the wording relating to fractionations over a 6 weeks period on page 8.

Declarations of Interest of Panel Members: One member declared an interest due to active clinical work relating to this condition.

Panel Chair: James Palmer, Medical Director

Post Panel Note:

All amendments to the CPAG summary report and criteria have been made in line with Clinical Panel's request.