

NHS ENGLAND SPECIALISED SERVICES
CLINICAL PANEL REPORT

Date: 19 June 2019

Intervention: Stereotactic radiosurgery (SRS) and stereotactic radiotherapy (SRT)

Indication: surgical cavity following resection of cerebral metastases (all ages)

ID: 1857

Gateway: 2 (Round 1)

Programme: Cancer

CRG: Radiotherapy

Information provided to the panel

Policy Proposition

Evidence Review undertaken by Solutions for Public Health

CPAG Summary Report

Key elements discussed

This is policy proposition recommending a not for routine commissioning position. It set out to consider the clinical effectiveness, safety and outcomes in comparison with observation or whole brain radiotherapy (WBRT) for this condition.

About 100 people per year would be considered eligible for treatment. The standard of care is resection with surveillance.

The evidence base in the review consisted of three randomised controlled trials, relatively small studies so could have been underpowered. One of the studies was a non-inferiority study.

The evidence showed in one study that there was a reduced risk of recurrence but no difference in overall survival. There was a difference demonstrated in one paper that there was a difference in cognition, being worse in WBRT, however, there was better control of metastatic recurrence in that group.

In one of the studies (Kepka 2017) there was no difference demonstrated between the two groups studied, including no difference in quality of life (QoL).

The evidence base did not suggest significant benefit based on those studies included. Perhaps underpowered in a couple of studies. Studies mixed two treatment strategies (SRS/SRT) but also compared with WBRT which is not the standard of care as written in the policy introduction.

Better designed studies are needed on the comparative effects of this treatment compared with observation or WBRT on QoL.

Section 5 of the proposition is too detailed for a not for routine commission proposition.

Recommendation

Clinical Panel recommend progressing as a not for routine policy proposition, as proposed.

Why the panel made these recommendations

The evidence base considered by Panel did not demonstrate there were any significant benefits or any difference in overall survival or quality of life.

The Clinical Reference Group could review the description of the standard of care as this may include both observation and WBRT.

Documentation amendments required

Section 5 of the proposition are too detailed for a not for routine commission proposition. Remove bullet points 3 and 4.

Language of the standard of care narrative in the proposition to be checked.

Declarations of Interest of Panel Members: The Panel Chair is an active clinician in radiosurgery. Chairing was undertaken by David Black for this item.

Panel Chair: James Palmer, Medical Director

Post Panel Amendments

Section 5 of the policy proposition was amended as per Clinical Panel's recommendation and the language regarding the current standard of care narrative was reviewed/amended by the Policy Working Group. Post Clinical Panel the policy was moved into the new policy template.