

**SPECIALISED COMMISSIONING – RESPONSE TO AMENDMENTS REQUESTED TO EVIDENCE REVIEW DURING ENGAGEMENT OR CONSULTATION**

<b>URN</b>	1857
<b>POLICY TITLE</b>	Stereotactic radiosurgery (SRS) and stereotactic radiotherapy (SRT) to the surgical cavity following resection of cerebral metastases (all ages)
<b>CRG:</b>	Radiotherapy
<b>NPOC:</b>	Cancer

<b>Description of comments during consultation</b>	<p>The Public Health Lead, in order to provide advice to NHS England, was asked to consider the findings and relevance to the policy proposition of the following studies:</p> <ul style="list-style-type: none"> <li>• <i>Akanda Z, Hong W, et al. Post-operative stereotactic radiosurgery following excision of brain metastases: A systematic review and meta-analysis. Radiotherapy and Oncology. 2020; 142: 27-35.</i></li> <li>• <i>Brown P, Ballman K, et al. Postoperative stereotactic radiosurgery compared with whole brain radiotherapy for resected metastatic brain disease (NCCTG N107C/CEC.3): a multicentre, randomised, controlled, phase 3 trial. The Lancet Oncology. 2017; 18(8): 1049-1060.</i></li> <li>• <i>Kępka L, Tyc-Szczepaniak D, et al. Stereotactic radiotherapy of the tumor bed compared to whole brain radiotherapy after surgery of single brain metastasis: Results from a randomized trial. Radiotherapy and Oncology. 2016; 121(2): 217-224.</i></li> <li>• <i>Mahajan A, Ahmed S, et al. Post-operative stereotactic radiosurgery versus observation for completely resected brain metastases: a single-centre, randomised, controlled, phase 3 trial. The Lancet Oncology. 2017; 18(8): 1040-1048.</i></li> </ul>
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	<ul style="list-style-type: none"> <li>• <i>Marchan E, Peterson J, et al. Postoperative cavity stereotactic radiosurgery for brain metastases. Frontiers in Oncology. 2018; 8: 342.</i></li> <li>• <i>Soliman H, Ruschin M, et al. Consensus contouring guidelines for post-operative completely resected cavity stereotactic radiosurgery for brain metastases. Int J Radiat Oncol Biophys. 2018; 100: 436-42.</i></li> </ul>
<p><b>Action taken by Public Health lead</b></p>	<p>The following papers were already included within the NHS England commissioned evidence review:</p> <ul style="list-style-type: none"> <li>• <i>Brown P, Ballman K, et al. Postoperative stereotactic radiosurgery compared with whole brain radiotherapy for resected metastatic brain disease (NCCTG N107C/CEC-3): a multicentre, randomised, controlled, phase 3 trial. The Lancet Oncology. 2017; 18(8): 1049-1060.</i></li> <li>• <i>Kępa L, Tyc-Szczepaniak D, et al. Stereotactic radiotherapy of the tumor bed compared to whole brain radiotherapy after surgery of single brain metastasis: Results from a randomized trial. Radiotherapy and Oncology. 2016; 121(2): 217-224.</i></li> <li>• <i>Mahajan A, Ahmed S, et al. Post-operative stereotactic radiosurgery versus observation for completely resected brain metastases: a single-centre, randomised, controlled, phase 3 trial. The Lancet Oncology. 2017; 18(8): 1040-1048.</i></li> </ul> <p>The remaining papers were reviewed against the original PICO criteria for the policy proposition. None met the criteria:</p> <ul style="list-style-type: none"> <li>• <i>Akanda Z, Hong W, et al. Post-operative stereotactic radiosurgery following excision of brain metastases: A systematic review and meta-analysis. Radiotherapy and Oncology. 2020; 142: 27-35.</i> This was published after the search date for the evidence review. (The study would not have been included if it was within the relevant time-frame as it had no comparator.)</li> <li>• <i>Marchan E, Peterson J, et al. Postoperative cavity stereotactic radiosurgery for brain</i></li> </ul>

	<p><i>metastases. Frontiers in Oncology. 2018; 8: 342.</i> This is a narrative review.</p> <ul style="list-style-type: none"> <li>• <i>Soliman H, Ruschin M, et al. Consensus contouring guidelines for post-operative completely resected cavity stereotactic radiosurgery for brain metastases. Int J Radiat Oncol Biophys. 2018; 100: 436-42.</i> This is a guideline.</li> </ul>
<b>Outcome</b>	<p>Low grade evidence identified by stakeholders that does not materially affect the conclusions of the existing evidence review.</p>