

NHS ENGLAND SPECIALISED SERVICES CLINICAL PANEL REPORT

Date: 19th February 2020
Intervention: Stereotactic ablative radiotherapy (SABR)
Indication: Patients with previously irradiated, locally recurrent pelvic tumours (All ages)
ID: 1909
Gateway: 2, Round 3
Programme: Cancer
CRG: Radiotherapy

Information provided to the panel

Policy proposition

Evidence review undertaken by King's Technology Evaluation Centre (KiTEC)

CPAG summary report

Evaluative Commissioning report

Clinical Panel Reports – July 2019 and August 2019

Policy Working Group evidence overview report

Evaluative Commissioning Quality Assurance report

Key elements discussed

This policy proposition recommended that SABR should be routinely commissioned for the treatment of previously irradiated, locally recurrent pelvic tumours. This has been considered at Panel previously at the July 2019 and August 2019 meetings. Since those meetings, the proposition has been revised in line with Panel recommendations, detailing the place of SABR in the patient treatment pathway and the interlinkages with exenterative surgery.

The Panel considered the proposition as now written was more focused and clearly demonstrated the treatment pathway.

The Panel agreed the Policy Working Group (PWG) overview paper helped in clarifying the position of SABR and exenterative surgery, that SABR is a treatment option for those individuals who are considered not suitable for surgery or for those not wishing to have surgery.

Shared decision-making was discussed. The Panel were informed that the Programme of Care and PWG would work with a charity partner to develop a simple shared decision-making tool to ensure appropriate patient selection for SABR in this indication.

Members queried whether there is a risk that patient numbers would increase regarding rectal cancer patients' access. They were informed it was not considered to be a risk due to the experience of the evaluative commissioning programme.

Recommendation

The Panel recommended that the policy proposition proceed to stakeholder testing as a for routine commissioning proposition, as stated.

Why the panel made these recommendations

The Panel considered that the evidence base was strong enough to support the routine commissioning of SABR in this indication.

Documentation amendments required

- No amendments requested to the proposition
 - Panel requested a simple Shared Decision-Making Tool be developed so patients are clear of the intention of SABR in the treatment pathway
 - Outcomes need to be included in data collection to provide longer term outcome data to support any future investment
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Declarations of Interest of Panel Members: None

Panel Chair: James Palmer, Medical Director

Post Panel Notes

The implementation of this policy will form part of the national rollout of SABR currently underway. The priority areas for this year include the treatment of non-small-cell lung carcinoma and metachronous oligometastatic disease. The implementation of this policy will therefore commence from April 2021 allowing time to develop the Shared Decision Making Tool in the interim.