

CLINICAL PRIORITIES ADVISORY GROUP
07 October 2020

Agenda Item No	3.1
National Programme	Cancer
Clinical Reference Group	Radiotherapy
URN	1918

Title
Stereotactic ablative radiotherapy (SABR) for patients with previously irradiated, locally recurrent para-aortic tumours (All ages).

Actions Requested	1. Support adoption of the policy
	2. Recommend its approval as an IYSD

Proposition
<p>The policy proposition recommends that stereotactic ablative radiotherapy (SABR) should not be made routinely available for patients with previously irradiated, locally recurrent para-aortic tumours.</p> <p>The policy proposition has been developed based on the findings of an evidence review and in line with the standard Methods and following the completion of a Commissioning through Evaluation (CtE) programme relating to SABR to treat pelvic, spinal and para-aortic tumours previously treated with radiotherapy.</p> <p>This policy proposition has been developed by a Policy Working Group established in line with standard processes and involved clinical members, Public Health England and patient and public voice representatives.</p> <p>Importantly, this policy proposition is one of two that are currently progressing through the policy development process; the other relates to previously irradiated primary tumours of the prostate and pelvis (URN 1909) and recommends a routine commissioning position. Should both policies be approved, work will be undertaken to update an existing Clinical Commissioning Policy (Ref 16021/P): The use of Stereotactic ablative radiotherapy (SABR) in the treatment of previously irradiated tumours of the pelvis, spine and nasopharynx, published in 2016, to reflect the new commissioning position. Collectively, these three policies will address all clinical indications covered by the CtE.</p>

Clinical Panel recommendation

The Clinical Panel recommended that the policy progress as a not for routine commissioning policy.

The committee is asked to receive the following assurance:

1.	The Head of Clinical Effectiveness confirms the proposal has completed the appropriate sequence of governance steps and includes an: Evidence Review; Clinical Panel Report.
2.	The Head of Cancer Programme confirms the proposition is supported by an: Impact Assessment; Engagement Report; Equality and Health Inequalities Impact Assessment; Clinical Policy Proposition. The relevant National Programme of Care has approved these reports.
3.	The Director of Finance (Specialised Commissioning) confirms that the impact assessment has reasonably estimated a) the incremental cost and b) the budget impact of the proposal.
4.	The Clinical Programmes Director (Specialised Commissioning) confirms that the service and operational impacts have been completed.

The following documents are included (others available on request):

1.	Clinical Policy Proposition
2.	Engagement Report
3.	Evidence Summary
4.	Clinical Panel Report
5.	Equality and Health Inequalities Impact Assessment

The Benefits of the Proposition (no published studies were found)

No	Metric	Summary from evidence review
1.	Survival	No applicable studies were found during the evidence review.
2.	Progression free survival	No applicable studies were found during the evidence review.
3.	Mobility	No applicable studies were found during the evidence review.
4.	Self-care	No applicable studies were found during the evidence review.
5.	Usual activities	No applicable studies were found during the evidence review.
6.	Pain	No applicable studies were found during the evidence review.
7.	Anxiety / Depression	No applicable studies were found during the evidence review.

8.	Replacement of more toxic treatment	Not directly assessed
9.	Dependency on care giver / supporting independence	Not directly assessed
10.	Safety	No applicable studies were found during the evidence review.
11.	Delivery of intervention	Not directly assessed

No	Metric	Summary from evidence review
1	Local control	No applicable studies were found during the evidence review.
2	Cost-effectiveness	No applicable studies were found during the evidence review.

Patient Impact Summary

Not applicable – the policy proposition is not for routine commissioning and as such no patient impact summary has been completed.

Considerations from review by Rare Disease Advisory Group

Not applicable.

Pharmaceutical considerations

Not applicable.

Considerations from review by National Programme of Care

The proposal received the full support of the Cancer PoC on the 11th September 2020.