Clinical Commissioning Policy Statement
Stereotactic ablative radiotherapy (SABR) for patients with previously irradiated, locally recurrent para-aortic tumours (All ages) [201001P] (URN: 1918)

Publication date: January 2021 **Version number:** 1.0

Commissioning position

Summary

SABR is not recommended to be available as a treatment option for patients with previously irradiated, locally recurrent para-aortic tumours.

Information about stereotactic ablative radiotherapy (SABR)

The intervention

SABR is a highly targeted form of radiotherapy which targets a tumour with radiation beams from different angles at the same time. The treatment is delivered in a fewer number of treatments (hypofractionation) than conventional radiotherapy using one, three, five or eight fractions. The aim of treatment with SABR is to ensure that the tumour receives a high dose of radiation whilst the tissues close to the tumour receive a lower dose of radiation sparing the surrounding healthy normal tissues.

Committee discussion

The Clinical Panel considered that the evidence base presented demonstrated there is no evidence for SABR for previously irradiated para-aortic tumours.

See the committee papers considered by CPAG (link) for full details of the evidence.

The condition

Lymph nodes form part of the body's immune system. These nodes are small structures and contain immune cells that can help fight infection. There are hundreds of lymph nodes throughout the body. The para-aortic lymph nodes (also referred to as peri-aortic) are a group of lymph nodes that lie in front of the lumbar vertebral bodies near the aorta, the largest artery in the body. These lymph nodes receive drainage from the lower gastrointestinal tract and the pelvic organs.

Cancers, or tumours, can occur in the para-aortic nodes and these are predominately as a result of cancer spreading from other sites of the body (i.e. secondary cancers), such as the breast and prostate. Initial treatment options for para-aortic tumours includes a combination of different treatments is usually used including surgery, chemotherapy and radiotherapy.

Radiotherapy uses high energy rays, usually x-rays, to destroy cancer cells. Although radiotherapy can be a curative treatment option for cancer, sometimes the cancer can come back (recur). This policy specifically considers the treatment of para-aortic tumours which reoccur and have been previously treated with radiotherapy (i.e. previously irradiated).

Current treatments

When previously irradiated para-aortic tumours recur locally, further treatment options are limited. Further treatment with more conventional forms of radiotherapy is commonly avoided.

This is because nearby organs will often have received exposure to radiation as part of the initial treatment and there is a risk of damage to healthy tissue with further treatment.

Systemic therapy, using drugs to treat the whole body, may be offered with the purpose of keeping the disease under control. However, this can result in significant side effects (such as fatigue, low blood count, infection risk and diarrhoea), with limited benefits.

Comparators

None.

Clinical trial evidence

No evidence was found during the evidence review conducted by King's Technology Evaluation Centre (KiTEC) on behalf of NHS England Specialised Commissioning. Although previously irradiated para-aortic tumours formed part of the Commissioning through Evaluation (CtE), this was a small study with no evidence presented.

Adverse events

Not applicable.

Policy review date

This is a policy statement, which means that the full process of policy production has been abridged: a full independent evidence review has not been conducted; and public consultation has not been undertaken. If a review is needed due to a new evidence base then a new Preliminary Policy Proposal needs to be submitted by contacting england.CET@nhs.net.

Links to other policies

Not applicable.

Equality statement

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and

- Given regard to the need to reduce inequalities between patients in access to and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.