NHS ENGLAND SPECIALISED SERVICES

CLINICAL PANEL REPORT

Date:	17 April 2019. Agenda item 6.2
Intervention:	Brachytherapy boost given in addition to external beam radiotherapy
Indication:	Intermediate and high risk localised prostate cancer
ID:	1831
Gateway:	Policy Gateway 2, round 1
Programme:	Cancer
CRG:	Radiotherapy

Information provided to the panel

CPAG Summary Reports (high dose brachytherapy and low dose brachytherapy)

Evidence reviews (high dose brachytherapy and low dose brachytherapy)

Policy Proposition

Covering letter to Clinical Panel

Key elements discussed

The presenting member had difficulty understanding the proposal. It was noted that the proposal references 'men' which needs to be amended to include all genders with a prostate. Specifically, does not look at the low risk group. Evidence comparisons include prostatectomy or external beam radiotherapy. The presenter noted that studies were underpowered. Low dose brachytherapy associated with urethral stricture and had higher risks. No clear difference was demonstrated in overall survival. One retrospective study demonstrated a difference in survival. No evidence of impact on quality of life.

Comparison between low dose and high dose treatment was not demonstrated. A subgroup who would benefit more was not identified.

The papers failed to guide the panel through the standard practice and place in cancer pathway for the brachytherapy boost.

There was a benefit to survival in high dose brachytherapy and not low dose. Low dose impact was on biological markers. The evidence is pointing to a 'no routine commissioning position' on the low dose treatment.

Place of delivery difference in low dose to high dose.

Prostate is a common cancer and concern was identified on the power of studies to demonstrate benefit.

The use of brachytherapy pre-dates NHS England and is included in NICE guidance since 2012. It is not formally commissioned hence the policy proposal. The current standard practice

is that low dose is delivered the aim of the proposal was to determine whether high dose brachytherapy is superior.

The policy group submitted information that the low dose impact on biochemical markers was an important impact.

Recommendation

The policy needs to return to the PWG supported by the policy team to improve the documentation. The panel also found the evidence review was not clearly formed and the CET needs to review the presentation of the evidence. There needs to be clarity of the patient pathway. The Cancer NPOC needs to consider providing the panel with an overarching guide of the prostate cancer pathway and the place for the various novel treatments under consideration. The policy team needs to consider the appropriateness of splitting into two policies.

Why the panel made these recommendations

The panel must make its recommendations on the basis of the papers presented to them. In this case all panel members found the presentation of the evidence and the formation of the policy too confusing to come to a decision.

Documentation amendments required

The policy must refer to all genders with a prostate.

Declarations of Interest of Panel Members: None

Panel Chair: James Palmer, Medical Director

Post Panel Notes

Following Clinical Panel the policy document was amended to improve the documentation and clarify the patient pathway. An overview of the patient pathway for prostate cancer was developed using NICE guidelines.