NHS ENGLAND SPECIALISED SERVICES

CLINICAL PANEL REPORT

Date: October 2019

Intervention: Brachytherapy dose escalation with external beam radiotherapy

Indication: intermediate and high risk localised prostate cancer (adults)

ID: 1831

Gateway: 2 Round 2

Programme: Cancer

CRG: Radiotherapy

Information provided to the panel

Clinical Panel Report from Gateway 2 Round 1

Evidence Review undertaken by Solutions for Public Health

Clinical Priorities Advisory Group Summary Report x 2

Policy Proposition

Key elements discussed

This proposition is proposed for routine commissioning.

This was previously considered by the Clinical Panel in April 2019. All panel members found the presentation of the evidence and the formation of the policy proposition too confusing to come to a decision. Revisions were requested. Clinical Panel members noted the revised proposition presented had been substantially re-written which made it clearer to understand. The proposition focuses on high and low dose and that these are different, they are not comparable.

To support Clinical Panel members in understanding the place in the pathway of this treatment in this particular indication, a treatment algorithm was also included for consideration.

Panel discussed that there was no strong Overall Survival evidence (in some trials but not across all trials) although there was evidence for the slowing of biochemical progression. Levels of prostate specific antigen (PSA) were used in the studies as an accepted proxy marker of disease progression.

Panel were unsure that if the PSA is high what does this mean in terms of quality of life (QoL)? If it goes up after treatment, then would patients be eligible for more treatments on top of this? If the PSA remains low, then other treatments are not required?

This intervention is for localised prostate cancer. The 3rd paragraph in the 'About current treatments' section of the proposition was not currently considered to be written clearly enough to understand this.

Panel members discussed the patient population that would be eligible for this treatment. Members were not clear how clinicians chose which patients were to receive high dose therapy

and who would receive low dose therapy. This is not currently written in the proposition and this needs to be addressed by the Policy Working Group (PWG) as these are different treatments. If this cannot be differentiated, then it will be difficult to appraise service impact. A full commissioning implementation plan would need to accompany the policy to support implementation if agreed for routine commissioning.

There would need to be a discussion with the patient about significant toxicity, this was not just an MDT discussion. The proposition needed to be more specific about side effects and the effect on quality of life. A Shared Decision-Making tool would be needed to ensure an informed decision was made.

Recommendation

Clinical Panel recommended that this proposition return to a future Clinical Panel for another review.

Why the panel made these recommendations

The Clinical Panel considered that whilst the revised proposition was substantially improved from the previous version, further amendments were required to enable the proposition to be supported for progression.

Documentation amendments required

Policy Proposition:

- Removal of paragraph three in 'About treatments' section
- Clear criteria are required for the use of the different doses
- The proposition needs to be specific about side effects and the effects on QoL
- Include the patient pathway algorithm as an appendix in the policy proposition.

CPAG Summary Report:

- The Clinical Effectiveness Team to review and revise into one form that allows the reader to differentiate adequately between treatment eligibility, outcomes and side effects.

An associated Shared Decision-Making Tool is needed alongside the proposition.

Declarations of Interest of Panel Members: A member of the Panel who may treat patients with prostate cancer.

Panel Chair: James Palmer, Medical Director

<u>Post Panel Notes:</u>

Following Clinical Panel the following amendments have been made:

- Paragraph 3 in the policy proposition has been amended in line with Clinical Panel's recommendation;
- A shared decision-making tool has been developed and included as an appendix in the policy proposition;
- The clinical criteria in the policy proposition have been reviewed and a new appendix has been included to support clinicians in identifying suitable for patients for brachytherapy;

- The patient pathway algorithm has been included as an appendix in the policy proposition;
- The CPAG summary reports for the two evidence reviews have been amalgamated into one document.