

NHS ENGLAND SPECIALISED SERVICES
CLINICAL PANELREPORT

Date: March 2022

Intervention: MR-guided laser interstitial thermal therapy (MRgLITT)

Indication: treatment of epileptogenic zones in children and adults with refractory focal epilepsy

URN: 2006

Gateway: 2, Round 2

Programme: Trauma

CRG: Neuroscience

Information provided to the Panel

Evidence Review completed by Solutions for Public Health x2

Policy Proposition

Patient Impact Report

Equality and Health Inequalities Assessment (EHIA) Report

Clinical Priorities Advisory Group (CPAG) Summary report

Policy Working Group Appendix

Blueteq® Form

This Policy Proposition recommends the routine commissioning of MR-guided laser interstitial thermal therapy (MRgLITT) as first line management in adults and children with refractory focal epilepsy and a well-defined epileptogenic zone. Refractory focal epilepsy refers to epileptic seizure activity which originates from one area of the brain, which is resistant to at least 2 lines of anti-epileptic drugs (AEDs). Open neurosurgical treatment can be effective in experienced centres. However, some patients are at risk of neurological deficits if they undergo open neurosurgical access due to the location of the lesion and pre-existing co-morbidities, and in certain patients the risk of the procedure result in it being contraindicated.

The Panel was reminded that this proposition was returning following its recommendation (meeting July 2021) to involve a broader range of clinicians in the Policy Working Group (PWG). The composition of the PWG has been expanded to include clinicians from different centres. The new PWG members confirm that support for this therapy has not changed and it is still recommended.

Clinical Panel discussed the response to its previous request made for the PWG to consider the alignment of this proposition and its evidence base to existing published policies. The presentation confirmed the levels of evidence and our position regarding two other policies relating to Deep Brain Stimulation and Stereotactic Radiosurgery currently published as not for

routine commissioning, so not to introduce conflicting positions. No policy for stereotactic radiosurgery for refractory epilepsy was identified. There is a not for routine commissioning policy for deep brain stimulation for refractory epilepsy (published March 18) and a for routine commissioning policy for vagal nerve stimulation for epilepsy (published April 13). The Panel noted that the evidence methods have significantly changed and are now more standardised than previously.

The Panel commented on neuro-psychological benefits of MRgLITT compared to open surgery. Clinical Panel noted that a Blueteq form was in place that would confirm how many patients required treatment.

Panel queried how many centres can perform this treatment and noted that centres should agree on a standardised outcome data collection and method for collecting this.

No cost effectiveness evidence was found.

EHIA – no additional comments received.

Patient Impact Report – no additional comments received.

Recommendation

Clinical Panel recommends progression for routine commissioning.

Why the panel made these recommendations

Clinical Panel members agreed that the evidence base reflected the policy proposition recommendation.

Documentation amendments required

- Recommendation to request new standardised outcome data collection.
- Check NICE IPG 671 recommendation for audit and data collection.
- Recommend that centres should agree on a set review process in standardised way.

Declarations of Interest of Panel Members: None

Panel Chair: James Palmer, Medical Director, Specialised Services

Post Panel Note

Please see amended 'Audit Requirements' section of policy proposition which has addressed these comments.