Engagement Report

Topic details

Title of policy or policy statement: Neoadjuvant vismodegib for locally advanced basal cell carcinoma (BCC) prior to curative treatment for lesions likely to result in functional sequelae or significant aesthetic sequelae (Adults)

Programme of Care: Cancer

Clinical Reference Group: Chemotherapy

URN: 2269

1. Summary

This report summarises the feedback NHS England received from engagement during the development of this policy proposition, and how this feedback has been considered.

2. Background

Basal cell carcinomas (BCCs) are slow-growing, malignant skin tumours which develop in the top layer of skin (epidermis). The majority of BCCs affect chronically sun-exposed areas such as the face, head and neck. Basal cell carcinoma is more common in the Caucasian population, particularly amongst older people.

The majority of cases of BCC are cured fairly straightforwardly with topical creams, cryotherapy (using cold temperatures to remove the cancer), surgical removal or radiotherapy. However, in some cases, either where the BCC has been left to enlarge for a long time without treatment, or in cases of recurrence following first-line treatment, the BCC can go on to cause progressive destruction of surrounding tissue structures. This is termed locally advanced BCC and is more difficult to treat.

The current standard treatment for patients with locally advanced BCC is surgery or radiotherapy. Most BCCs affect the face and a common site for locally advanced BCC is the eyelid. If the locally advanced BCC extends to involve the tissues and muscles of the orbit, then the only curative surgery is orbital exenteration (removal of the eye and surrounding soft tissues.) The resulting defect requires major reconstructive surgery, and the patient is often left with severe facial disfigurement. Other types of radical curative surgery for locally advanced BCC include rhinectomy (amputation of the nose) and removal of the ear. Radiotherapy to the face, particularly around the eye, can cause a painful eye and eventual visual loss. Additionally, radiotherapy is not always possible for patients with locally advanced BCC, either due to the patient having had previous radiotherapy at the same site, or for technical reasons. However, locally advanced BCC's can occasionally affect areas other than the head and neck, such as the trunk or perianal region. Radical curative treatment in these areas may involve

extensive surgery or radiotherapy, which may result in, for example, loss of function of an affected limb or the removal of the rectum and affected bowel.

Vismodegib is proposed as a neoadjuvant for the treatment of locally advanced BCC for lesions likely to result in functional sequelae or significant aesthetic sequelae, for a defined period of up to 10 months, prior to treatment with curative surgery and/or curative radiotherapy. The aim of the treatment is to downstage locally advanced BCC in order to de-escalate the extent of curative treatment required.

3. Engagement

The Programme of Care has decided that the proposition offers a clear and positive impact on patient treatment, by potentially making a new treatment available which widens the range of treatment options without disrupting current care or limiting patient choice, and therefore further public consultation was not required. This decision has been assured by the Patient Public Voice Advisory Group.

Respondents were asked the following consultation questions:

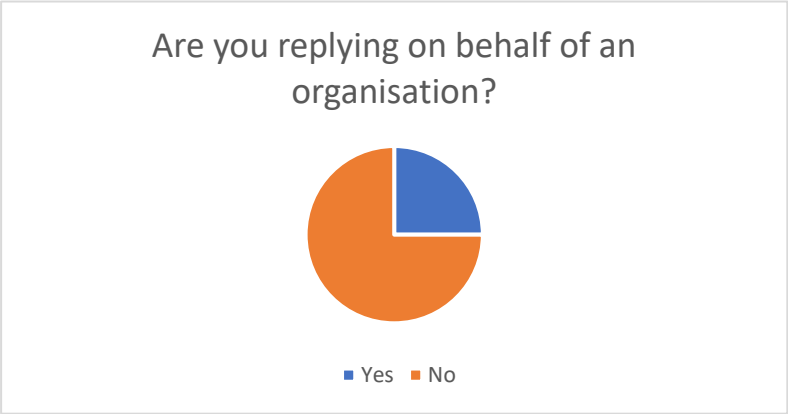
- Do you support the proposal that that neoadjuvant vismodegib be routinely commissioned for patients with locally advanced basal cell carcinoma (BCC) prior to curative treatment for lesions likely to result in functional sequelae or significant aesthetic sequelae based on the evidence review and the criteria set out in this document?
- Do you believe that there is any additional information that we should have considered?
- Do you believe that there is any additional information that we should have considered in the evidence review?
- Do you believe that there are any potential positive and/or negative impacts on patient care as a result of making this treatment option available?
- Do you support the Equalities and Health Inequalities Impact Assessment?
- Do you agree with the Patient Impact Assessment?
- Do you have any further comments on the policy proposal? If so, please submit these in under 500 words.

Engagement Results

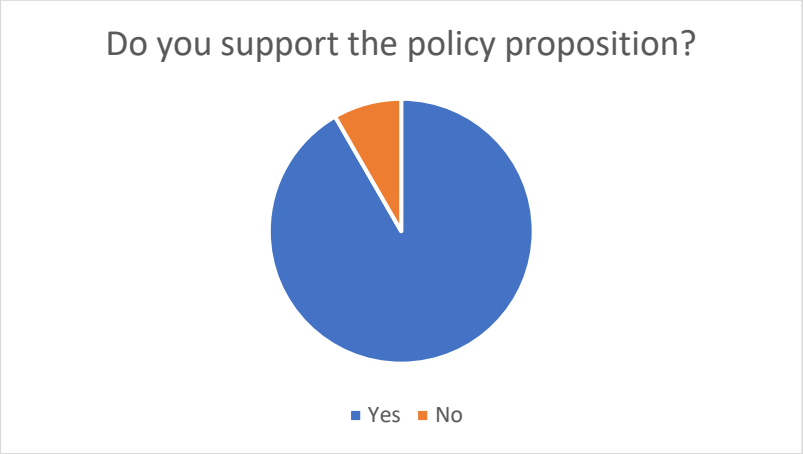
This proposition went out for 14 days of stakeholder testing between 8th February 2024 and 22nd February 2024. The following CRG lists were notified:

- Chemotherapy
- Radiotherapy
- Specialised Cancer Surgery
- Specialised Dermatology

In total, 12 respondents engaged with stakeholder testing for this proposition. This consisted of 9 individuals and 3 organisations. This consisted of two patients, nine clinicians and one ‘other’.



All respondents except for one were supportive of the policy proposition.



In line with the 13Q assessment it was deemed that further public consultation was not required.

4. How has feedback been considered?

Responses to engagement have been reviewed by the Policy Working Group and the Cancer PoC. The following themes were raised during engagement:

Keys themes in feedback	NHS England Response
Relevant Evidence	
One respondent commented that the quality of the evidence returned in the independent review was very low and noted that no comparative evidence was returned. No stakeholders suggested any additional relevant evidence.	The policy proposition is based on the findings of the evidence returned in the independent evidence review. No further action required.
Patient Impact Assessment (PIA)	
All respondents with the exception of one individual agreed with the PIA. One respondent felt that the impact of large tumours may have been underestimated.	All comments noted. The Patient Impact Assessment (PIA) is intended to provide a summary that is broadly reflective of the experience of the patient cohort. The PIA notes the impact of tumour

	burden on patients. No further action required.
Current Patient Pathway	
No stakeholders commented on the content of the current patient pathway.	No further action required.
Potential impact on equality and health inequalities (EHIA)	
All respondents supported the EHIA.	No further action required.
Changes/addition to policy	
No alterations were made to the policy proposition or supporting documents as a result of stakeholder testing.	No further action required.

5. Has anything been changed in the policy proposition as a result of the stakeholder testing and consultation?

The following change(s) based on the engagement responses has (have) been made to the policy proposition and/or supporting documents:

No amendments required.

6. Are there any remaining concerns outstanding following the consultation that have not been resolved in the final policy proposition?

No.