

NHS England Specialised Services

Clinical panel report

Date: 18 December 2024

Intervention: Stereotactic ablative body radiotherapy

Indication: localised prostate cancer (adults)

URN: 2106

Gateway: 2, Round 1

Programme: Cancer

CRG: Radiotherapy

Information provided to the Panel

Policy Proposition

Title Change Report

Three Paper Evidence Summary completed by Solutions for Public Health

Clinical Priorities Advisory Group (CPAG) Summary Report

Evidence to Decision (EtD) Summary

Equalities and Health Inequalities (EHIA) Assessment

Patient Impact Assessment (PIA)

Blueteq® Form

Policy Working Group (PWG) Appendix

This Policy Proposition recommends the use of stereotactic ablative body radiotherapy (SABR) for the treatment of localised prostate cancer (adults). SABR is delivered using one, three, five or eight treatments (or fractions) and usually delivered in an outpatient setting. 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 and reducing the risk of side effects. SABR is proposed as an alternative treatment option to moderately hypofractionated external beam radiotherapy (EBRT) for adults with National Comprehensive Cancer Network (NCCN) low and favourable intermediate risk localised prostate cancer who do not require androgen deprivation therapy (ADT). The eligible population is estimated to be approximately 4500 per annum.

A three-paper evidence summary was completed. An outline of the evidence was presented to Clinical Panel members. The evidence presented demonstrated comparable clinical effectiveness for SABR vs conventional radiotherapy (CRT). Statistically significant

genitourinary (GU) and gastrointestinal (GI) toxicity was reported for patients treated with SABR compared with patients treated with CRT. Panel members debated that the side effect profile should be discussed with patients before making a decision whether to have this treatment.

The proposition and the supporting documentation were presented to Panel members. A few points were debated, and it was agreed some amendments were required.

EHIA – it was highlighted that this focuses on the positive impact on those particularly with disabilities and from deprived backgrounds.

PIA – no amendments requested.

Recommendation

Clinical Panel recommends that this proposition returns to a future Clinical Panel meeting.

Why the panel made these recommendations

Panel members agreed that some amendments to the proposition were required which will need further consideration from Clinical Panel members.

Documentation amendments required Policy Proposition:

- A shared decision-making tool should be used when discussing this treatment with patients, so they are aware of the toxicity profile of this treatment before deciding whether to proceed with this treatment or not. This needs to be stated as a requirement in the document.
- The inclusion criteria need to reflect that outlined in the studies as currently not aligned.
- The Panel discussed whether this should be gated treatment and the proposition focus on this. The Policy Working Group to check this as there is evidence that gating reduces toxicity.
- The PACE-B trial recommended that three or more prostatic fiducial markers be inserted.

Declarations of Interest of Panel Members: None received.

Panel Chair: James Palmer, Medical Director, Specialised Services

2106: Stereotactic ablative body radiotherapy for localised prostate cancer (adults): List of December Clinical Panel Requested Amendments and Policy Working Group (PWG) responses

Policy proposition		
Panel Comment	Amendment	Page number (if applicable)
A shared decision-making tool should be used when discussing this treatment with patients, so they are aware of the toxicity profile of this treatment before deciding whether to	A reference to use of a shared decision-making tool has been made in the inclusion criteria of the policy proposition. A shared decision-making tool has been written by	P5
proceed with this treatment or not. This needs to be stated as a requirement in the document.	the PWG and added to Appendix 1 of the policy proposition. The prior approval form has been updated to reflect this.	
The inclusion criteria need to reflect that outlined in the studies as currently not aligned.	The inclusion criteria, specifically for the intermediate risk group has been aligned to those used in the PACE-B trial. This has been updated on the prior approval form and throughout the policy proposition.	P5

<p>The Panel discussed whether this should be gated treatment and the proposition focus on this. The Policy Working Group to check this as there is evidence that gating reduces toxicity.</p>	<p>A physicist has joined the PWG to advise on the following issues. A statement regarding intrafractional motion management has been added to the policy proposition which aligns with techniques used in the PACE-B trial. It reads 'As the majority of patients will be treated on a standard linear accelerator, intrafractional motion management is not required. For those receiving treatment times longer than 3 minutes, intra-fractional motion management must be considered.'</p>	<p>P6</p>
<p>The PACE-B trial recommended that three or more prostatic fiducial markers be inserted.</p>	<p>This has been discussed with the PWG and a statement regarding this has been added to the policy proposition. It reads 'Daily image guidance to the prostate is required. During the PACE-B trial prostatic fiducial markers were recommended but there was no evidence this reduced toxicity.'</p>	<p>P6</p>