NHS ENGLAND SPECIALISED SERVICES

CLINICAL PANEL REPORT

Date: 17th July 2024

Intervention: Stereotactic ablative body radiotherapy

Indication: localised, non-metastatic, medically inoperable renal cancer (adults)

URN: 2332

Gateway: 2, Round 3

Programme: Cancer

CRG: Chemotherapy

Information provided to the Panel

Policy Proposition

Evidence Review completed by Solutions for Public Health

Clinical Priorities Advisory Group (CPAG) Summary Report

Clinical Panel Reports – February and April 2024

Evidence to Decision (EtD) Summary

Equalities and Health Inequalities (EHIA) Assessment

Patient Impact Assessment

Blueteq® Form

Policy Working Group (PWG) Appendix

This Policy Proposition recommends stereotactic ablative body radiotherapy (SABR) for adults with localised, non-metastatic, medically inoperable renal cell carcinoma, where NICE-approved invasive ablative procedures are not suitable or not available. This proposition is returning to Panel following recent consideration at a meeting in February 2024 and then again in April 2024 where amendments were requested, and resubmission required.

The proposition had been revised to focus on those patients with T1b, N0, M0 renal cell carcinoma rather than T1a, N0, M0, as the Policy Working Group (PWG) consensus is that T1b are faster growing and more aggressive with a higher risk of complications. Panel members were advised that there is a not for routine commissioning policy in place that was published in July 2016 for SABR in renal cancer; this 2016 policy does not specify a sub population that could benefit from the treatment as this proposition does.

One of the amendments requested was to increase the number of urologists in the PWG membership. There are five urologists now who have been fully engaged in discussions and proposition amendment.

A brief summary of the condition, intervention, and evidence base was presented to remind Panel members. A summary of amendments made by the Policy Working Group (PWG) was presented.

The Panel members debated extensively the evidence supporting the proposition and the population selection as they previously had, and still had significant concerns. It was raised that some studies did report a reduction in tumour size which was suggestive of some treatment effectiveness, although this was of very low certainty. This was debated and the majority of panel members could not identify the evidence to support that this is a clinically beneficial intervention for the subgroup of patients as described. Progression free survival was reported at very low certainty with wide confidence limits. The evidence does not report what would be the result of no treatment compared with those patients treated with SABR to enable understanding of whether this intervention changes the natural history of the condition and changes survival expectations.

There was debate regarding the definition of 'unfit'. The PWG had revised the wording in the proposition whilst considering that this is multi-factorial and it was the multi-disciplinary team (MDT) to consider this and make a collective clinical decision. Concern was expressed that the definition could allow access to this treatment for more patients than those that have very limited clinical options (such as those patients with only one kidney and would end up with renal replacement therapy if they underwent surgery, or those with a tumour in a technically difficult location for surgery).

EHIA – no comments received.

PIA – no comments received.

Recommendation

Clinical Panel recommends that the proposition progresses as a not for routine policy proposition.

Why the panel made these recommendations

The debate amongst Panel members was challenging and extensive, however, did result in the majority supporting a not for routine commissioning position due to the significant concerns as detailed in this report. A discussion should take place with the NHS England National Clinical Advisor for this disease area. Clinical Panel members were supportive of the exploration of a research proposal, as this is a relatively common condition.

Documentation amendments required

Policy Proposition:

- Revise the proposition to reflect a not for routine commissioning policy proposition.
- Remove the reference to GIRFT.

Declarations of Interest of Panel Members: Two received.

Panel Chair: Anthony Kessel, Deputy Medical Director, Specialised Services

Post Panel Amendments

Policy proposition		
Panel Comment	**Amendment**	**Page number (if applicable)**
Revise the proposition to reflect a not for routine commissioning policy proposition.	Policy document updated to Not for Routine Commissioning format.	
Remove the reference to GIRFT	Removed in Not for Routine commissioning version.	