NHS ENGLAND SPECIALISED SERVICES

CLINICAL PANEL REPORT

Date: 18 June 2025

Intervention: Stereotactic ablative body radiotherapy

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

URN: 2332

Gateway: 2, Round 5

Programme: Cancer

CRG: Chemotherapy

Information provided to the Panel

Policy Proposition

Summary of Additional Evidence

Cover Note

Three Study Papers

Clinical Panel Report – December 2024

This Policy Proposition recommends the use of stereotactic ablative body radiotherapy (SABR) for adults with T1b kidney cancer who are not suitable for surgery. Currently, patients with T1b kidney cancer who are not suitable for surgery can only have surveillance, as other noninvasive treatments such as ablation are only commissioned for T1a kidney cancer.

In July 2024, Clinical Panel recommended a not for routine commissioning position due to concerns about the population and natural history of the disease. At the December 2024 Clinical Panel meeting, this position was formally challenged by the Policy Working Group (PWG) and Panel recommended that in order for the proposition to progress, the PICO should be revised to include ‘disease progression to metastases’ as an outcome to better understand the natural course of kidney cancer and whether SABR provides a benefit compared to surveillance. The PWG advise that revising the PICO is unlikely to source high-quality evidence on the natural history of the disease and instead have provided three evidence papers not previously seen by Panel members with the aim to address their concerns.

A brief summary of the condition, intervention, and evidence base was presented to Panel members. A summary of Clinical Panel requests and amendments previously made by the PWG was also presented. The points of challenge were then outlined.

Three research papers were identified by the PWG that provide evidence on the natural history of localised kidney cancer. Evidence for this topic was requested by Clinical Panel members to help determine whether SABR has a clinical benefit to patients with T1b kidney cancer who are unable to have surgery for their disease (first-line therapy), compared to no treatment. Surgery is the only commissioned treatment for T1b kidney cancer as ablative treatments are only commissioned for T1a kidney cancer. Therefore, in patients with T1b kidney cancer who are unsuitable for surgery (e.g. due to comorbidities, solitary kidney etc.), there is no available treatment for their cancer.

The most significant study presented was a retrospective review by Grant et al in 2019, where patients were categorised into the following treatment groups: surgery (partial or total nephrectomy), tumour ablation (cryoablation or thermal ablation), stereotactic body radiation therapy (SBRT) or observation. SABR (any dose) was associated with a 44% statistically significant decreased risk of death compared to observation, and higher doses of SABR were associated with a 66% decreased risk of death compared to observation. Lower doses of SABR were associated with a 10% decreased risk of death compared to observation, which was not statistically significant.

Based on this research study, Panel members were informed that a higher dose may be more effective. The dosage that is currently in the policy proposition ranges from 26Gy – 42Gy, which is the biologically effective dose and critical determinant of success for this treatment. The most favoured regimen is 40Gy in five fractions on alternate days, which is one of the lower doses from the natural history study.

Recommendation

Clinical Panel recommends that this proposition progresses as a routine commissioning policy proposition.

Why the panel made these recommendations

Panel members agreed that the additional evidence was more compelling than that previously presented and noting the improvements reported across the research studies, supported the proposition. Panel members also agreed that it is important to ensure that clinical and safety outcomes prioritised for the previous evidence review are captured in an appropriate registry for the medically inoperable 1b population in the policy proposition.

Documentation amendments required

General:

- A clearly articulated value proposition is needed from the Policy Working Group, to support future decision making regarding this policy proposition.

Declarations of Interest of Panel Members: None

Panel Chair: James Palmer, National Medical Director (Specialised Services)

Panel comment	Amendment	Page number (if applicable)
Policy Proposition		
A clearly articulated value proposition is needed from the Policy Working Group, to support future decision making regarding this policy proposition.	A comment was added under audit requirements that clinicians should submit patient data to a national registry as per the Clinical Panel discussion.	**Page 8: Audit requirements**
	An additional sentence, discussing the applicability of SABR in many cancer settings has been added stating, *"SABR has been used as a non-surgical intervention with curative intent in many cancer settings, such as hepatocellular carcinoma, for many years."*	**Page 5: About stereotactic ablative radiotherapy**
	Update to definition of medically unfit for surgery now includes individuals "with multiple co-morbidities where surgery is considered high risk".	**Page 10: Definitions**