SPECIALISED COMMISSIONING - CLINICAL EVIDENCE EVALUATION CRITERIA FOR A PROPOSITION FOR A CLINICAL COMMISSIONING POLICY FOR ROUTINE COMMISSIONING

URN: 1631
TITLE: Hypofractionated external beam radiotherapy in the treatment of localised prostate cancer

CRG: Radiotherapy
NPOC: Cancer
Lead: Nicola McCulloch
Date: 15 February 2017

This policy is	For routine commissioning	X	Not for routine commissioning	
Is the population described in the policy the same as that in the evidence review including subgroups?	Yes.			
Is the intervention described in the policy the same or similar as the intervention for which evidence is presented in the evidence review?	Yes.			
Is the comparator in the policy the same as that in the evidence review? Are the comparators in the evidence review the most plausible comparators for patients in the English NHS and are they suitable for informing policy development?	Yes.			
Are the clinical benefits demonstrated in the evidence review consistent with the eligible population and/or subgroups presented in the policy? Are the clinical harms demonstrated in the evidence review	Yes. The evidence review demonstrated a benefit up to 5 years. The panel noted that there was a need to understand the longer-term outcome, which was not identified by the evidence. It is expected that future trials will cover a longer follow up which will inform future policy revisions. The CPAG Summary Report needs substantial revision to ensure that plain language is used throughout (with explanation of, for example, hazard ratios and other statistical terminology).			

reflected in the eligible and /or ineligible population and/or subgroups presented in the policy?	The harms have been discussed and have been identified. The full extent of the harms may not be clear from the evidence base and longer-term studies will aid in the understanding.		
Rationale Is the rationale clearly linked to the evidence?	Yes. The rationale is that the evidence is non-inferior to current treatments and therefore it is reasonable to reduce the current fractions in order to improve patient experience, resource use and patient convenience.		
<u>Advice</u> The Panel should provide advice on matters relating to the evidence base and policy development and prioritisation. Advice may cover: • Uncertainty in the evidence base • Challenges in the clinical interpretation and applicability of policy in clinical practice • Challenges in ensuring policy is applied appropriately • Likely changes in the pathway of care and therapeutic advances that may result in the need for policy review.	The panel approves the policy to progress as a routine commissioning policy, with minor amendments, including amendments to sections on epidemiology (to be more specific on the numbers which are going to be used in the impact assessment). The panel questioned whether it is useful to have reference to androgen therapy (bullet 2, eligibility criteria) as this may be interpreted differently. There may be females who are biologically male who will be covered by this policy and the terminology should be amended. Revisions should be made by the Programme of Care and be confirmed by the Head of Clinical Effectiveness before progressing to stakeholder testing.		
Overall conclusion	This is a proposition for routine commissioning and	Should proceed for routine commissioning	X
		Should reversed and proceed as not for routine commissioning	
	This is a proposition for not routine commissioning and	Should proceed for not routine commissioning	
		Should be reconsidered	

		by the PWG	

Overall conclusions of the panel
Report approved by:
James Palmer
Clinical Panel Chair
20/02/17