

## Engagement Report for Clinical Commissioning Policies

<b>Unique Reference Number</b>	1631
<b>Policy Title</b>	Hypofractionated external beam radiotherapy in the treatment of localised prostate cancer
<b>Accountable Commissioner</b>	Kim Fell
<b>Clinical Reference Group</b>	Radiotherapy
Which stakeholders were contacted to be involved in policy development?	There is an established Policy Working Group which is led by the lead investigator for the CHiPP trial. The Radiotherapy CRG members have responded during the stakeholder feedback process. CRG members include representation from the Society and College of Radiographers, Royal College of Radiologists, IPEM, Macmillan Cancer Relief and Cancer Research UK. The CRG registered stakeholders also had an opportunity to respond during this initial phase.
Identify the relevant Royal College or Professional Society to the policy and indicate how they have been involved	Society and College of Radiographers, Royal College of Radiologists, IPEM are affiliated members of the Radiotherapy CRG. Responses were received.
Which stakeholders have actually been involved?	The Policy Working group included two PPE representatives one of which is employed by Macmillan.
Explain reason if there is any difference from previous question	Not applicable.

Identify any particular stakeholder organisations that may be key to the policy development that you have approached that have yet to be engaged. Indicate why?	Not aware of any.
How have stakeholders been involved? What engagement methods have been used?	So far the stakeholder engagement has taken place in preparation for consultation.  On line survey.
What has happened or changed as a result of their input?	<ol style="list-style-type: none"> <li>1. The PWG noted that the staging of prostate cancer is usually undertaken in accordance with National Comprehensive Cancer Network 2016) and this has been amended.</li> <li>2. It was suggested and agreed by PWG that a definition of IGRT be included.</li> <li>3. During stakeholder feedback a member of the Policy Working Group forwarded a new journal paper, published in March 2017, and queried if this needed including within the evidence review. Please see attached Evidence Report</li> <li>4. It was recommended by the Society and College of Radiographers and supported by PWG that Therapeutic Radiographers should be included as part of the MDT – this has been amended.</li> <li>5. It was raised by several responders that T3b disease should be explicitly excluded from the protocol. PWG agreed and have clarified the inclusion and exclusion criteria by removing the paragraph below</li> </ol> <p><i>A small proportion of localised prostate cancers, such as those that are node positive, patients that have pre-existing urinary symptomatology, or where there is considerable extra prostatic spread, may be suitable for either conventionally fractionated radiotherapy or hypofractionated</i></p>

	<p><i>external beam radiotherapy and inserting the clarification in the exclusion criteria as below:</i></p> <p>Hypofractionated treatment should not be routinely advised where the target volume also includes the pelvic lymph nodes, involved seminal vesicles (T3b) or in post-prostatectomy patients.</p> <p>6. Concern was raised about what was considered to be an arbitrary target of 70% particularly as more patients with localised prostate cancer may be offered robotics surgery which in turn, it was argued, could affect the radiotherapy patient case mix. It was considered by the PWG that 70% remains a reasonable marker as:</p> <ul style="list-style-type: none"> <li>• Excess of 70% rates has been achieved in many major centres during 2016/17</li> <li>• RTDS is able to provide data on patients receiving prostate and pelvic node radiotherapy to support local discussions</li> </ul> <p>The policy has been slightly amended to read - Reasons for exceeding 20 fractions in the eligible patient population (i.e., 70%) must be recorded by the Trust and be shown to be appropriate for the treated case-mix.</p>
How are stakeholders being kept informed of progress with policy development as a result of their input?	<p>The policy will be published for public consultation.</p> <p>The CRG members including affiliated members from Professional organisations, Macmillan and Cancer Research UK will be fully informed of these changes.</p>
What level of wider public consultation is recommended by the CRG for the NPOC Board to agree as a result of stakeholder involvement?	<p>3 months public consultation is proposed with an on line survey.</p>