REPORT FROM CLINICAL PANEL

NHS England

Title: **B10X03**
           Robotic assisted lung resection for primary lung cancer
CRG: Thoracic Surgery
NPOC: Cancer
Lead: Nicki McCulloch

Date: 19 November 2015

The Panel were presented a policy proposal to not routinely commission

Question	Conclusion of the panel	If there is a difference between the evidence review and the policy please give a commentary
The population 1. What are the eligible and ineligible populations defined in the policy and are these consistent with populations for which evidence of effectiveness is presented in the evidence review?	The eligible population(s) defined in the policy are the same or similar to the population(s) for which there is evidence of effectiveness considered in the evidence review.	
Population subgroups 2. Are any population subgroups defined in the policy and if so do they match the subgroups for which there is evidence presented in the evidence review?	The population subgroups defined in the policy are the same or similar as those for which there is evidence in the evidence review.	

Outcomes - benefits 3. Are the clinical benefits demonstrated in the evidence review consistent with the eligible population and/or subgroups presented in the policy?	The clinical benefits demonstrated in the evidence review support the eligible population and/or subgroups presented in the policy.	
Outcomes – harms 4. Are the clinical harms demonstrated in the evidence review reflected in the eligible population and/or subgroups presented in the policy?	The clinical harms demonstrated in the evidence review are reflected in the eligible population and/or subgroups presented in the policy.	
The intervention 5. Is the intervention described in the policy the same or similar as the intervention for which evidence is presented in the evidence review?	The intervention described in the policy the same or similar as in the evidence review.	
The comparator 1. Is the comparator in the policy the same as that in the evidence review?	Not applicable	

2. 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?	The most plausible comparator against which clinical effectiveness should be assessed is the VATS procedure.	

Overall conclusions of the panel

The policy reflects the findings of the clinical evidence review and should progress.

The evidence review does not demonstrate superiority of RATS over existing next best alternative treatment, therefore the policy to not routinely commission is supported. The clinical panel recognized the need to develop a strategic approach to the managed introduction of robotic surgery across surgical specialties, recognizing that the intervention shows promise.

Report approved by:

Jeremy Glyde
Clinical Effectiveness Team
16th December 2015