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REPORT FROM CLINICAL PANEL

Title: B13X06 Stereotactic Radiosurgery for Familial Essential Tremor

CRG: CNS Tumours
 NPOC: Cancer
 Lead: Nicola McCulloch

Date: 16 December 2015

The Panel were presented a policy proposal for no routine commissioning.

Question	Conclusion of the panel	If there is a difference between the evidence review and the policy please give a commentary
<u>The population</u>		
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 ineligible population(s) defined in the policy are the same or similar to the population(s) for which there is evidence of lack of effectiveness or inadequate evidence of effectiveness demonstrated in the evidence review.	
<u>Population subgroups</u>		
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?	No subgroups defined in the policy proposal.	The panel noted that the evidence review did not identify any specific subgroups for whom the treatment may be more beneficial than others, but felt there could be the potential for specific subgroups to gain (for example, in those patients for whom surgery is not an option). Although the evidence review has not identified the level of benefit

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		for these subgroups, this may be ascertained by future evaluation.
<u>Outcomes - benefits</u>		
3. Are the clinical benefits demonstrated in the evidence review consistent with the eligible population and/or subgroups presented in the policy?	The lack of benefit or absence of evidence of benefit demonstrated in the evidence review is consistent with the ineligible population and/or subgroups presented in the policy.	The panel felt that evidence of clinical effectiveness of reducing tremor had been demonstrated by the review, however there was no subgroup analysis for the population of primary interest (those not eligible for surgery). The panel were uncertain as to whether the level of evidence for SRS in familial essential tremor could be increased, but felt that this could be effectively tested through Commissioning through Evaluation, focussing on patients not eligible for surgery first.
<u>Outcomes – harms</u>		
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.	
<u>The intervention</u>		
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.	
<u>The comparator</u>		
1. Is the comparator in the policy the same as that in the evidence review?	Not applicable.	There was no comparator.

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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?	Not applicable.	There was no comparator.
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Overall conclusions of the panel

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

The panel noted that there appears to be significant potential value for the population who are ineligible for other treatments and would encourage consideration for a CtE.

James Palmer noted a potential conflict, as he would treat this cohort of patients in his surgical practice, so did not put forward any recommendations.

Report approved by:

J Palmer
Chair
29 December 2015