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

URN: B01X16
TITLE: Stereotactic Ablative Radiotherapy (SABR) in the treatment of Spinal arteriovenous malformations

CRG: Radiotherapy
NPOC: Cancer
Lead: Nicky Mcculloch

Date: 02 February 2016

The panel were presented a policy proposal for non-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. Are the eligible and ineligible populations defined in the policy consistent with the evidence of effectiveness, and evidence of lack of effectiveness; and where evidence is not available for the populations considered 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 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 considered by the evidence review?	The population subgroups defined in the policy are the same or similar as those considered by the evidence review.	
<u>Outcomes - benefits</u> 3. Are the clinical benefits demonstrated in the evidence review	The clinical benefits demonstrated in the evidence review	The Panel noted that the evidence review demonstrated that SABR

consistent with the eligible population and/or subgroups presented in the policy?	support the eligible population and/or subgroups presented in the policy.	offers 100% tumour control for both meningiomas and schwannomas. Therefore the Panel felt that the policy proposition should be developed with a 'routine commissioning' position, subject to the identification of appropriate clinical criteria. It was noted that such criteria may need to reference cases where tumours were 'growing'. The Panel considered that the evidence for spinal AVMs was less certain, and would benefit from additional consideration by the PWG – as there may be an equally strong case for routine commissioning for this indication.
<u>Outcomes – harms</u> 4. Are the clinical harms demonstrated in the evidence review reflected in the eligible and / or ineligible population and/or subgroups presented in the policy?	The clinical harms demonstrated in the evidence review are reflected in the eligible and / or ineligible 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 is the same or similar as in the evidence review.	
<u>The comparator</u> 6. Is the comparator in the	The comparator in	

policy the same as that in the evidence review? 7. 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 policy is the same as that in the evidence review.	
<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 • Issues with regard to value for money • Likely changes in the pathway of care and therapeutic advances that may result in the need for policy review.		The Panel concluded that the policy proposition should be returned to the PWG in order to do the following: • Further consider the evidence review, with particular focus on AVMs • Development of a routine commissioning position for both meningiomas and schwannomas and potentially AVMs. • Develop the clinical criteria required to support a routine commissioning position.

<u>Overall conclusions of the panel</u>

The policy is to progress as a routine commissioning policy.
Report approved by:
James Palmer
Clinical panel Chair
2/2/16