**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** |
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| <u>The population</u><br>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><br>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><br>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 |

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| 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'.<br><br>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><br><br>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><br>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><br><br>6. Is the comparator in the | The comparator in | |

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| policy the same as that in the evidence review?<br><br>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><br>The Panel should provide advice on matters relating to the evidence base and policy development and prioritisation. Advice may cover:<br>• Uncertainty in the evidence base<br>• Challenges in the clinical interpretation and applicability of policy in clinical practice<br>• Challenges in ensuring policy is applied appropriately<br>• Issues with regard to value for money<br>• 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:<br><br>• Further consider the evidence review, with particular focus on AVMs<br>• Development of a routine commissioning position for both meningiomas and schwannomas and potentially AVMs.<br>• 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