

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

URN: B01X26

TITLE: Stereotactic Ablative Radiotherapy (SABR) as a treatment option for patients with Hepatocellular carcinoma or Cholangiocarcinoma

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
<p><u>The population</u></p> <p>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?</p>	<p>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.</p>	
<p><u>Population subgroups</u></p> <p>2. Are any population subgroups defined in the policy and if so do they match the subgroups considered by the evidence review?</p>	<p>The population subgroups defined in the policy are the same or similar as those considered by the evidence review.</p>	
<p><u>Outcomes - benefits</u></p> <p>3. Are the clinical benefits demonstrated in the evidence review consistent with the</p>	<p>The lack of benefit or absence of evidence of benefit demonstrated in</p>	<p><i>There is not strong enough clinical evidence of benefit.</i></p>

<p>eligible population and/or subgroups presented in the policy?</p>	<p>the evidence review is consistent with the ineligible population and/or subgroups presented in the policy.</p>	
<p><u>Outcomes – harms</u></p> <p>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?</p>	<p>The clinical harms demonstrated in the evidence review are reflected in the eligible and / or ineligible population and/or subgroups presented in the policy.</p>	
<p><u>The intervention</u></p> <p>5. Is the intervention described in the policy the same or similar as the intervention for which evidence is presented in the evidence review?</p>	<p>The intervention described in the policy is the same or similar as in the evidence review.</p>	
<p><u>The comparator</u></p> <p>6. Is the comparator in the policy the same as that in the evidence review?</p> <p>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.</p>	<p>The comparator in the policy is the same as that in the evidence review.</p>	
<p><u>Advice</u></p> <p>The Panel should provide advice on matters relating to the evidence base and policy development and prioritisation. Advice may cover:</p> <ul style="list-style-type: none"> • Uncertainty in the evidence 		

<p>base</p> <ul style="list-style-type: none"> • 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. 		
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Overall conclusions of the panel

The policy is to progress as a non-routine commissioning policy.

Report approved by:
 James Palmer
 Clinical panel Chair
 17/2/16

For public consultation