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

URN: B01X29
TITLE: Stereotactic Ablative Radiotherapy (SABR) in the treatment of Renal Cancer

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 consistent with the eligible population and/or	The lack of benefit or absence of evidence of benefit demonstrated in the evidence review is	*There was no strong evidence of clinical benefit.*

subgroups presented in the policy?	consistent with the ineligible population and/or subgroups presented in the policy.	
<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 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 comparator in 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.		

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