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

URN: B13X04
TITLE: Stereotactic radiosurgery/radiotherapy for ependymoma, haemangioblastoma, pilocytic astrocytoma and trigeminal schwannoma

CRG: Stereotactic radiosurgery
NPOC: Cancer
Lead: Nicola McCulloch

Date: 17th February 2016

The panel were presented a policy proposal for 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 considered 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 for which there is evidence in the evidence review | |

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| <u>Outcomes - benefits</u><br>3. Are the clinical benefits demonstrated in the evidence review consistent with the eligible population and/or subgroups presented in the policy? | The clinical benefits demonstrated in the evidence review support the eligible population and/or subgroups presented in the policy | The panel received an evidence summary on 4 different types of tumours, where management of recurrent/residual tumour is a rare entity and accepted the level of evidence (of prospective case series) as likely to be the best available.<br><br>The panel accepted that the grounds of commissioning are benefits of intervention on tumour growth control, for which they believed there was enough evidence.<br><br>The panel would expect the commissioning criteria to include tumour growth. |
| <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 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 the same or similar as in the evidence review | |
| <u>The comparator</u><br><br>6. Is the comparator in the policy the same as that in the evidence review? | The comparator in the policy is the same as that in the evidence review. | |

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| 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 comparators in the evidence review include plausible comparators for patients in the English NHS and are suitable for informing policy development. | |
| <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 recommended a routine commissioning proposal. Entry criteria should be amended to include evidence that:<br>1. Residual/recurrent tumour is growing;<br>2. That there is no surgical option; and<br>3. That such growth will result in significant morbidity and mortality.<br><br>The panel also agreed that this should include a note that the decision whether to proceed is shared with patient. |

<u>Overall conclusions of the panel</u>
Report approved by:
James Palmer
Clinical panel Chair
17/2/16

Post meeting note:
The Policy Working Group updated the policy proposition reflecting panel's comments.