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

URN: B14X12
TITLE: Robotic assisted surgery for kidney cancer

CRG: Specialised urology
NPOC: Cancer
Lead: Nicola McCulloch

Date: 2/12/15

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**
<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 considered in the evidence review	The Panel noted that the population was consistent when considering nephrology procedures. However, the policy proposition proposed that the intervention should not be commissioned for nephrectomy, but should be commissioned for partial nephrology procedures. This was felt to be inconsistent with the evidence review, which did not contain compelling evidence to support the 'sub-group' proposition.
<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?	There is a difference between the population subgroups defined in the policy and the populations for there is evidence in the evidence review	The Panel noted that the evidence was not sufficiently robust or compelling to support the proposition that RAS should be commissioned to treat kidney cancers using only partial nephrectomy procedures.
<u>Outcomes - benefits</u> 3. Are the clinical benefits demonstrated in the	The clinical benefits demonstrated in the evidence review do	The Panel noted the additional evidence submitted (i.e., the review of

evidence review consistent with the eligible population and/or subgroups presented in the policy?	not support the eligible population and/or subgroups presented in the policy	BAUS audit data) and expressed support for this to be published and peer reviewed in due course. The Panel noted that the intervention did show some indication of benefits, but that these were not yet felt to be convincingly proven.
<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 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 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. The comparators in the evidence review include plausible comparators for patients in the English NHS and are suitable for informing policy development.	

Advice 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 did not support the policy proposition to progress through the policy development process recommending a 'routine commissioning' position. It was noted that the Panel felt that the intervention could offer benefits to patients with kidney cancer, however further work to develop the evidence base is required to be undertaken. The Panel concluded that the intervention would be a potential candidate for Commissioning through Evaluation for this clinical indication.

Overall conclusions of the panel

The policy is not consistent with the findings of the clinical evidence review and should be reconsidered by the programme of care.

Report approved by:
James Palmer
Clinical panel Chair
02/12/15