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

URN: 1678 TITLE: Hyperbaric oxygen therapy for soft tissue radiation damage

CRG: N/A NPOC: Trauma Lead: Jacquie Kemp Date: 18/11/17

This policy is being considered for:	For routine commissioning	Not for routine X commissioning	
	ě		
Is the population	The population is the same. Clinical panel noted that		
described in the policy	studies had variable inclusion / exclusion criteria		
the same as that in the			
evidence review			
including subgroups?			
Is the intervention	The intervention is similar. The Panel noted that the		
described in the policy	intervention could be considered quite onerous with		
the same or similar as	between 30 and 60 HBOT treatment sessions, each		
the intervention for which	lasting for up to 2 hours.		
evidence is presented in			
the evidence review?			
Is the comparator in the	The studies included two ra		
policy the same as that	comparing HBOT to sham treatment, one randomised		
in the evidence	controlled trial comparing HBOT to intravesical		
review? Are the	hyaluronic acid instillation (HA) and one non-randomised		
comparators in the	controlled study comparing HBOT to argon plasma		
evidence review the	coagulation (APC).		
most plausible			
comparators for patients			
in the English NHS and			
are they suitable for	~		
informing policy			
development?			
Are the diviced herefits	The studios considered diff.	aront outcomos and reported	
Are the clinical benefits		erent outcomes and reported	
demonstrated in the	outcomes at different time p	•	
evidence review	Outcomes most commonly	5	
consistent with the		Datients. Outcomes were not	
eligible population and/or	consistent between studies. The most recent study did not show significant differences in outcomes for patients		
subgroups presented in			
the policy?	receiving HBOT. Other stud		
Are the clinical harma	,	interpret and the durability of	
Are the clinical harms		clear. A large but older study	
demonstrated in the	(2008) showed an improver		
evidence review		severity of radiation-induced	
reflected in the eligible	complications). The clinical	i significance for patients is	

and /or ineligible population and/or subgroups presented in the policy? Rationale Is the rationale clearly linked to the evidence?	not clear. The panel also considered that radiotherapy delivery has changed since 2008 and that adverse effects from radiation may have changed and possibly reduced. Therefore a study from 2008 may not reflect the population undergoing radiation more recently The studies included in the policy proposition do not include a full assessment of the harms of the treatment.		
Advice The Panel should provide advice on matters relating to the evidence base and policy development and prioritisation. Advice may cover:	The panel considered that there is likely to be a large population with radiation induced soft tissue damage and that implies that there is potential to undertake further further high quality research. Such research could seek to include one or more subgroups in order to determine if there any populations within the wider group for which HBOT may offer a significant clinical benefit		
 Uncertainty in the evidence base Challenges in the clinical interpretation and applicability of policy in clinical practice Challenges in ensuring policy is applied appropriately Likely changes in the pathway of care and therapeutic advances that may result in the need for policy review. 			
Overall conclusion	This is a proposition for routine commissioning and	Should proceed for routine commissioning Should reversed and proceed as not for routine commissioning	
	This is a proposition for not routine commissioning and	Should proceed for not routine commissioning Should be reconsidered by the PWG	X

Overall conclusions of the panel Report approved by: David Black Clinical Panel Co-Chair 28/11/17