

**SPECIALISED COMMISSIONING – RESPONSE TO AMENDMENTS REQUESTED TO EVIDENCE REVIEW DURING ENGAGEMENT OR CONSULTATION**

<b>URN</b>	1901
<b>POLICY TITLE</b>	External beam radiotherapy of the prostate for newly diagnosed patients with hormone sensitive prostate cancer presenting with low volume metastatic disease
<b>CRG:</b>	Radiotherapy
<b>NPOC:</b>	Cancer
<b>Date</b>	27/9/19

<b>Description of comments during consultation (If studies have been suggested please provide a list of references)</b>	<p>NHS England was asked to consider the findings and relevance to the policy of the following studies:</p> <ul style="list-style-type: none"> <li>• <i>Boevé L, Hulshof M, et al. Effect on survival of androgen deprivation therapy alone compared to androgen deprivation therapy combined with concurrent radiation therapy to the prostate in patients with primary bone metastatic prostate cancer in a prospective randomised clinical trial: data from the HORRAD Trial. European Urology. 2019; 75(3): 410-418.</i></li> <li>• <i>Burdett S, Boevé L, et al. Prostate Radiotherapy for Metastatic Hormone-sensitive Prostate Cancer: A STOPCAP Systematic Review and Meta-analysis. European Urology. 2019; 27: 115-124.</i></li> <li>• <i>Parker C, James N, et al. Radiotherapy to the primary tumour for newly diagnosed, metastatic prostate cancer (STAMPEDE): a randomised controlled phase 3 trial. Lancet. 2018; 392(10162): 2353-2366.</i></li> <li>• <i>Widmark A, Gunnlaugsson A, et al. Ultra-hypofractionated versus conventionally fractionated radiotherapy for prostate cancer: 5-year outcomes of the HYPO-RT-PC</i></li> </ul>
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	<i>randomised, non-inferiority, phase 3 trial. Lancet. 2019; 394: 385–95.</i>
<b>Action taken by Public Health lead</b>	The papers were reviewed against the original PICO criteria for the evidence review that informed the policy proposal.
<b>Outcome for studies suggested during consultation</b>	
<b>1. Evidence already identified during the evidence review</b>	<ul style="list-style-type: none"> <li>• <i>Boevé L, Hulshof M, et al. Effect on survival of androgen deprivation therapy alone compared to androgen deprivation therapy combined with concurrent radiation therapy to the prostate in patients with primary bone metastatic prostate cancer in a prospective randomised clinical trial: data from the HORRAD Trial. European Urology. 2019; 75(3): 410-418.</i></li> <li>• <i>Burdett S, Boevé L, et al. Prostate Radiotherapy for Metastatic Hormone-sensitive Prostate Cancer: A STOPCAP Systematic Review and Meta-analysis. European Urology. 2019; 27: 115-124.</i></li> <li>• <i>Parker C, James N, et al. Radiotherapy to the primary tumour for newly diagnosed, metastatic prostate cancer (STAMPEDE): a randomised controlled phase 3 trial. Lancet. 2018; 392(10162): 2353-2366.</i></li> </ul>
<b>2. New evidence identified by stakeholders that does not fall within PICO and search methodology</b>	<ul style="list-style-type: none"> <li>• <i>Widmark A, Gunnlaugsson A, et al. Ultra-hypofractionated versus conventionally fractionated radiotherapy for prostate cancer: 5-year outcomes of the HYPO-RT-PC randomised, non-inferiority, phase 3 trial. Lancet. 2019; 394: 385–95.</i> The patients did not have metastatic disease.</li> </ul>

<b>3. New evidence identified by stakeholders that falls within PICO and search methodology but does not materially affect the conclusions of the existing evidence review</b>	Not applicable.
<b>4. New evidence identified by stakeholders that falls within PICO and search methodology, that does materially affect the conclusions of the existing evidence review. Updated evidence review to be undertaken (agreed with CET)</b>	Not applicable.