

Engagement Report for Clinical Commissioning Policies

Unique Reference Number	1771
Policy Title	Selective internal radiation therapy (SIRT) for the treatment of chemotherapy refractory or intolerant, unresectable primary intrahepatic cholangiocarcinoma (all ages).
Lead Commissioner	Kim Fell
Clinical Reference Group	Radiotherapy Clinical Reference Group (CRG)
Which stakeholders were contacted to be involved in policy development?	Representatives from the Radiotherapy CRG and the SIRT Commissioning through Evaluation (CtE) Data Working Group.
Identify the relevant Royal College or Professional Society to the policy and indicate how they have been involved	Stakeholder feedback from the British Nuclear Medicine Society, National Cancer Research Institute (NCRI) Upper Gastrointestinal Clinical Studies Group.
Which stakeholders have actually been involved?	British Nuclear Medicine Society, the Hepatobiliary and Pancreas CRG. Additional stakeholder feedback has been received from Cancer 52, AMMF – The Cholangiocarcinoma Charity, patients, British Liver Trust, and industry representatives including Sirtex, BTG plc and Terumo Europe.
Explain reason if there is any difference from previous	Industry has played an important role in the evaluation of the commissioning through evaluation programme and the evidence reviews included manufacturer specific evaluation. Therefore it is considered important to receive early feedback.

question	
Identify any particular stakeholder organisations that may be key to the policy development that you have approached that have yet to be engaged. Indicate why?	None.
How have stakeholders been involved? What engagement methods have been used?	Standard NHS England Stakeholder feedback process.
What has happened or changed as a result of their input?	<p>The Policy Working Group (PWG) noted the following;</p> <ul style="list-style-type: none"> a) There was no new evidence submitted by stakeholders that met the PICO criteria. PWG is recommending no change on this basis. b) Feedback from charities and patients highlighted that ICC is a rare disease and in light of its rarity should be considered differently. The PWG acknowledges that RCTs are difficult to set up for this group of patients. However, NICE draft IPG (May 18) states that “<i>Current evidence on the safety of selective internal radiation therapy (SIRT) for unresectable primary intrahepatic cholangiocarcinoma shows that there are well-recognised, serious but rare safety concerns. Evidence on its efficacy is inadequate in quantity and quality. Therefore, this procedure should only be used in the context of research</i>” PWG recommends no change. c) Feedback from Terumo Europe and believes its product should not be excluded from the policy. However, there is no published research for its use in ICC and so not included in NHSE PICO / evidence review. Research evidence considered in the development of the IPG also only used yttrium based microspheres. PWG recommends no change.
How are stakeholders being kept informed of progress with policy	All stakeholders will be alerted to the consultation period.

development as a result of their input?	
What level of wider public consultation is recommended by the CRG for the NPOC Board to agree as a result of stakeholder involvement?	6 weeks.

Draft for public consultation