

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

URN: 1740

TITLE: Selective internal radiation therapy (SIRT) in the treatment of chemotherapy refractory and intolerant, unresectable metastatic colorectal cancer (adults)

CRG: Radiotherapy

NPOC: Cancer

Lead: Professor Ricky Sharma

Date: 20 June 2018

This policy is being considered for:	For routine commissioning	X	Not for routine commissioning	
Is the population described in the policy the same as that in the evidence review including subgroups?	Yes, patients who have palliative colorectal cancer with liver metastases, Policy Working Group to revise the epidemiology.			
Is the intervention described in the policy the same or similar as the intervention for which evidence is presented in the evidence review?	Yes, with regard to Yttrium-90 microsphere (resin), but not with regard to Yttrium-90 microsphere (glass). There insufficient evidence to support the routine commissioning of glass microspheres and these should not be routinely commissioned and the policy altered to this effect.			
Is the comparator in the policy the same as that in the evidence review? 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?	Best supportive care. The intervention is palliative			
Are the clinical benefits demonstrated in the evidence review consistent with the eligible population and/or subgroups presented in the policy?	Yes, modest in terms of perhaps a two month increase in survival. There may be some benefit to quality of life.			
Are the clinical harms demonstrated in the evidence review	Invasive procedure. Documented and acceptable.			

reflected in the eligible and /or ineligible population and/or subgroups presented in the policy?			
Rationale Is the rationale clearly linked to the evidence?	Yes.		
<u>Advice</u> The Panel should provide advice on matters relating to the evidence base and policy development and prioritisation. Advice may cover: <ul style="list-style-type: none"><li>• Uncertainty in the evidence base</li><li>• Challenges in the clinical interpretation and applicability of policy in clinical practice</li><li>• Challenges in ensuring policy is applied appropriately</li><li>• Likely changes in the pathway of care and therapeutic advances that may result in the need for policy review.</li></ul>	<p>The intervention appears to have a modest clinical benefit. There may be a small increase in survival and some limited quality of life benefit.</p> <p>Estimates of cost effectiveness suggest that the intervention may not represent 'value' and may not be a good use of NHS resources.</p>		
Overall conclusion	This is a proposition for routine commissioning and	Should proceed for routine commissioning	X
		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	

Report approved by:  
Dr David Black  
Deputy Medical Director, Specialised Services  
13 July 2018