

Engagement Report for Clinical Commissioning Policies

Unique Reference Number	B16X01
Policy Title	Robotic assisted trans-oral surgery for throat and voice box cancers
Accountable Commissioner	Kim Fell
Clinical Reference Group	Complex Head & Neck
Which stakeholders were contacted to be involved in policy development?	All CRG registered stakeholders
Identify the relevant Royal College or Professional Society to the policy and indicate how they have been involved	Royal College of Surgeons will be invited to feedback as part of the consultation process.
Which stakeholders have actually been involved?	All stakeholders listed above were invited to comment.
Explain reason if there is any difference from previous question	N/A
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?	CRG stakeholders have identified additional organisations who will be invited to respond to the consultation: BAHNO, Throat Cancer Foundation, ENT UK

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<p>How have the stakeholders been involved? What engagement methods have been used?</p>	<p>The draft policy, along with impact assessments, was circulated to the full membership of the CRG and registered stakeholders for one week for their views, both to establish whether any amendments to the policy are required, and to understand from their perspective what the key questions to ask at consultation might be.</p> <p>Two CRG members responded, both of which highlightd the need for future research to build the evidence base for the evolving technology. Four responses from CRG stakeholders were received, one from a provider of equipment and consumables for robotic assisted surgery, and three practicing clinicians. One of the responses raised concerns with regard to the evidence review and the standards of evidence NHS England is applying, while the others acknowledged the limitd evidence to date.</p> <p>All respondents confirmed that a 30 day consultation period was appropriate, with additional time to reflect Christmas and New Year if necessary.</p>
<p>What has happened or changed as a result of their input?</p>	<p>A number of additional stakeholders will be asked to respond to the formal consultation including:</p> <p>British Association of Head and Neck Oncologists (BAHNO) Throat Cancer Foundation ENT UK</p> <p>A reference to the recent rise of potentially HPV related oropharyngeal cancers in England has been added (highlighted in yellow).</p> <p>Eight studies were considered for inclusion based on stakeholder engagement. The reasons for their initial and further exclusion are detailed below:</p> <p>Quality of life of oropharyngeal cancer patients with respect to treatment strategy and p16-positivity. Broglie et al., 2013 not included in original literature search as no reference to robotic surgery in the title or abstract. It is excluded from further inclusion as it compares patients treated with surgery alone and those receiving radiotherapy, hence it is not specific to TORs.</p> <p>Transoral Robotic Surgery: A Population-Level Analysis. Chen et al., 2014 fell outside the original search terms. It is a large case series with comparative data but is unlikely to change the commissioning position.</p> <p>Transoral robotic surgery for oropharyngeal and tongue cancer in the United States. Chung et al., 2014 fell outside the original search terms. It is a large case series with comparative data but is unlikely to change the commissioning position.</p> <p>Functional swallowing outcomes following treatment for oropharyngeal carcinoma: A systematic review of the evidence comparing trans-oral surgery versus non-surgical management. Dawe et al., 2015 fell outside the original search terms. It is excluded as it appears to be a feasibility study that concludes on the state of the current evidence. It doesn't add to the current CER.</p> <p>Transoral Robotic versus Open Surgical Approaches to Oropharyngeal Squamous Cell Carcinoma by Human Papillomavirus Status. Ford et al., 2014 was included in the original literature search but excluded from the CER.</p> <p>Cost effectiveness of transoral robotic surgery for the treatment of oropharyngeal squamous cell carcinoma: a systematic review. Judson et al., 2015 fell outside the original search terms. It is a systematic review but is unlikely to change the commissioning position.</p> <p>Comparison of oncologic and functional outcomes after transoral robotic lateral oropharyngectomy versus conventional surgery for T1 to T3 tonsillar cancer. Lee et al., 2013 was included in the original literature search but excluded from CER as the study is described in a</p>

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	<p>subsequent systematic review by Yeh et al., 2015 which is included in the CER. Cost Considerations in the Treatment of Oropharyngeal Squamous Cell Carcinoma. Moore et al., 2012 fell outside the original search terms. It is excluded from further inclusion as it is not a cost effectiveness study. It utilises US costs of procedure combinations based on US reimbursement models so is not quite relevant in a UK setting.</p> <p>Two further studies were suggested by the PWG that focus on radio-resistant and radio-recurrent tumours. These studies were excluded as they represent low level evidence in small case series:</p> <p>Salvage Transoral Robotic Surgery for Recurrent or Residual Head and Neck Squamous Cell Carcinoma: A Single Institution Experience. Davas et al., 2015 fell outside of the original search terms. This is low level evidence in a small case series. Salvage surgery for recurrent cancers of the oropharynx: comparing TORS with standard open surgical approaches. White et al., 2013 was included in the original literature search but excluded from CER as the study is described in a subsequent systematic review by Yeh et al., 2015 which is included in the CER. This is low level evidence in a small case series.</p>
<p>How are stakeholders been informed of progress with policy development as a result of their input?</p>	<p>This engagement report, along with the updated policy proposition will be involved as part of the public consultation. Stakeholders will be notified and invited to comment further.</p>
<p>What level of wider public consultation is recommended by the CRG for the NPOC Board to agree as a result of stakeholder involvement?</p>	<p>Public consultation for a period of 30 days is supported, with additional time for Christmas and New Year if appropriate.</p>