

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

URN: 1674

TITLE: Stereotactic ablative radiotherapy for non-small cell lung cancer

CRG: Radiotherapy

NPOC: Cancer

Lead: Nicola McCulloch

Date: 18/04/18

This policy is being considered for:	For routine commissioning		Not for routine commissioning	X
Is the population described in the policy the same as that in the evidence review including subgroups?	Yes.			
Is the intervention described in the policy the same or similar as the intervention for which evidence is presented in the evidence review?	Yes.			
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?	Yes.			
Are the clinical benefits demonstrated in the evidence review consistent with the eligible population and/or subgroups presented in the policy?	The study evidence supports the not for routine commissioning (NRC) position for the use of SABR to treat non-small cell lung cancer (NSCLC), (excluding inoperable early stage NSCLC which is covered by a separate clinical commissioning policy), and small cell lung cancer (SCLC).			
Are the clinical harms demonstrated in the evidence review reflected in the eligible				
	Yes.			

and /or ineligible population and/or subgroups presented in the policy?			
Rationale Is the rationale clearly linked to the evidence?	The Panel agrees that the policy proposition should progress as a NRC position.		
<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>	The Panel would like the plain language summary to remove abbreviations to improve clarity. These are all defined but because there are a number of abbreviations it would be clearer to replace them with words.  Sections 6-10 will be removed as this is a not for routine commissioning policy.		
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	X
		Should be reconsidered by the PWG	

Overall conclusions of the panel

Report approved by:

David Black  
Clinical Panel Co-Chair  
4<sup>th</sup> May 2018

Post meeting note:

[Input how actions requested by Clinical Panel have been addressed]