
Stakeholder Response Form CRG Product Testing

Please complete one response form per consultation document that you wish to provide comments on.

Date	18/10/18
Respondent's Name	Emma Cooper
Respondent's Organisation	The Royal College of Radiologists
Replying on behalf of organisation?	Yes
Document responding to:	Low-energy contact x-ray therapy (Papillon technique) in the treatment of early stage rectal cancer (Adults)
Relevant CRG	Radiotherapy CRG

**It is proposed that highly specialised products will go for period of public consultation.
Please select the consultation level that you consider to be most appropriate.**

2 - up to 12 weeks consultation to include some additional proactive engagement activities during the live consultation period

Do you have any further comments on the proposed changes to the document?

1. YES

If Yes, please describe below, in no more than 500 words, any further comments on the proposed changes to the document as part of this initial 'sense check'.

We are surprised and disappointed that this consultation has produced a different conclusion to the 2015 NICE review. This seems to be because some evidence evaluated by NICE was not considered in the NHSE review, not because new data contradicting the NICE assessment has been published. This is confusing for both our members and fellows and for patients. We strongly support collaboration between CRUK / NHSE / NIHR / CTRad and others so that evidence reviews performed by different bodies can follow agreed standard methods, avoiding future conflicts in recommendations. We ask that the following evidence included in the NICE review is also considered by NHSE:

- Christoforidis D, McNally MP et al. 2009. Endocavitary contact radiation therapy for ultrasonographically staged T1 N0 and T2 N0 rectal cancer. *British Journal of Surgery* 96:430-6.
- Gérard JP, Ayzac L et al. 1996. Endocavitary irradiation for early rectal carcinomas T1 (T2). *International Journal of Radiation Oncology, Biology, Physics* 34:775-83.
- Gerard JP1, Frin AC et al. 2014. Organ preservation in rectal adenocarcinoma (T1) T2-T3 Nx M0. *Acta Oncologica* 54: 550-566.
- Hershman MJ, Myint AS, Makin CA. 2003. Multi-modality approach in curative local treatment of early rectal carcinomas. *Colorectal diseases* 5:445-50.
- Hull TL, Lavery IC, Saxton JP 1994. Endocavitary irradiation. An option in select patients with rectal cancer. *Diseases of the Colon & Rectum* 37:1266-70.
- Mendenhall WM1, Rout WR et al. 1997. Conservative treatment of rectal adenocarcinoma with endocavitary irradiation or wide local excision and postoperative irradiation. *Journal of Clinical oncology* 15:3241-8.
- Ortholan C, Romestaing P et al. 2012. Correlation in rectal cancer between clinical tumor response after neoadjuvant radiotherapy and sphincter or organ preservation. *International Journal of Radiation Oncology, Biology, Physics* 83: 165-71.
- Papillon J, Berard P. 1992. Endocavitary irradiation in the conservative treatment of adenocarcinoma of the low rectum. *World Journal of Surgery* 16:451-7.
- Rauch P1, Bey P et al. 2001. Factors affecting local control and survival after treatment of carcinoma of the rectum by endocavitary radiation. *International Journal of Radiation Oncology, Biology, Physics* 49:117-24.

We also ask that the following papers not included in the NHSE review are considered:

- Dhadda AS, Martin A et al 2016. Organ Preservation Using Contact Radiotherapy for Early Rectal Cancer: Outcomes of Patients Treated at a Single Centre in the UK. *Clin Oncol* 29:1-7.
- Frin AC, Evesque L et al. 2017. Organ or sphincter preservation for rectal cancer. The role of

contact X-ray brachytherapy in a monocentric series of 112 patients. *European Journal of Cancer* 72:124-136.

- Rao C, Stewart A et al. 2018. Contact X-ray Brachytherapy as an Adjunct to a Watch and Wait Approach is an Affordable Alternative to Standard Surgical Management of Rectal Cancer for Patients with a Partial Clinical Response to Chemoradiotherapy. *Clin Oncol* 30:1-9.
- Sun Myint A, Smith FMcLm et al 2017. Dose escalation using contact X-ray brachytherapy (Papillon) for rectal cancer: does it improve the chance of organ preservation?. *Br J Radiol* 90:1-12.

Please declare any conflict of interests relating to this document or service area.