Stakeholder Response Form
Policy Proposition Testing

Please complete one response form per draft policy proposition that you wish to provide comments on.

Date:	**3rd March 2016**
Respondent's Name:	Prof Roger Taylor
Replying on behalf of organisation?	Yes
Respondent's Organisation: *Delete where appropriate*	Other (please state) Royal College of Radiologists
Resondent's Job Title:	Vice-President, Faculty of Clinical Oncology
Document responding to:	Use of SABR in the treatment of prostrate cancer
Relevant CRG:	Radiotherapy

Declaration: Before completing the survey you must declare any financial or other interests in any specialised services. For example, if you are responding on behalf of a voluntary organisation and your organisation received any funding within the last two years (including sponsorship or grants) from companies that manufacture drugs or treatments used in the treatment of specialised services, you must declare this. If you are a commercial supplier to the NHS of specialised services this should also be specified.

COMMENTS:

Prof Roger Taylor is a member of the NHS England Proton Therapy Clinical Referral Panel

It is proposed that this draft policy proposition will go for a 30 day period of public consultation. Please indicate if additional time is needed and why.

COMMENTS:

Together with the other four Evidence Summary Reports, this document comprises a detailed review of the literature on Stereotactic Ablative Radiotherapy (SABR) in a defined clinical area which represents an unusual clinical scenario. SABR is one of a range of more highly focussed advanced radiotherapy The RCR recommends that additional time is necessary in order to ensure that the relevant clinical experts have the opportunity to assess the evidence review. It is also important to point out that the nature of evidence for the benefits of advanced radiotherapy will generally not include randomised clinical trials, and may require radiotherapy dosimetric studies. SABR is an important new modality, the use of which is likely to become much more widespread in the next five years. It is important that assessment of evidence informs future clinical trials and Commissioning Through Evaluation (CtE) programmes. The RCR recommends that there is a good case for additional time for consultation beyond 30 days.

Has all of the relevant evidence been taken into account. If not, what is missing?

1. NO

COMMENTS: This review has not taken into account evidence based on radiotherapy dose distribution, which is necessary for the assessment of advanced radiotherapy technologies. The review does not explain the nature of assessment of evidence in rare clinical scenarios.

Does the policy proposition accurately describe the current pathway that patients experience. If not, what is different?

2. NO

COMMENTS: The policy needs to describe the programme for evaluation of SABR based on clinical trials and CtE.

Please provide any comments that you may have about the potential impact on equality and health inequalities which might arise as a result of the proposed changes that we have described.

COMMENTS:
SABR is available in selected Cancer Centres. Availability in a small number of centres could potentially disadvantage patients from socio-economically deprived and geographically dispersed rural communities, for whom travelling long distances is problematic.

Are there any key stakeholder groups with whom we need to engage as part of this process?

1. YES

COMMENTS: The SABR Consortium which is affiliated to the RCR should be consulted.

Are there any changes or additions you think need to be made to this policy proposition, and if so, why?

1. YES

COMMENTS: The programme for clinical trial evaluation and CtE should be included in order to explain the clinical background to SABR.