

THE ROLE OF EXPERT CONSENSUS IN UK GUIDANCE: PATIENT SELECTION FOR HYDROGEL SPACER USE DURING PROSTATE CANCER RADIOTHERAPY

HTAi 2022
ANNUAL MEETING
UTRECHT, NETHERLANDS

Dr. R. Saunders¹, Prof. H.A. Payne², Prof. S. Jain³, Dr. C. Peedell⁴, Dr. A. Edwards⁵, A. Thomas⁶, Dr. P. Das⁷, A. Hansson Hedblom¹, E. Woodward⁸, A. Craven⁸, Prof. A. Bahl⁹

1. Coreva Scientific, Germany. 2. University College London Hospital, England. 3. Queen's University Belfast, Northern Ireland. 4. James Cook University Hospital, England. 5. Kent Oncology Centre, England. 6. Princess of Wales Hospital, Wales. 7. University Hospitals of Derby and Burton NHS Foundation, England. 8. Boston Scientific AG, Switzerland. 9. University Hospitals Bristol NHS Trust, England

Introduction

In UK males, prostate cancer is the most common cancer, with over 11,000 deaths annually.¹

Radiotherapy is a highly effective curative treatment but can have unwanted side effects;² these can be reduced with use of a hydrogel spacer.^{3,4} Despite NICE guidance⁵ (which is in the process of being updated), spacers are not widely funded in the UK. Limited funding has necessitated patient prioritization. There is no current guidance on how best to prioritize spacer use.

Objectives

To identify consensus among radiation oncologists on patient prioritization for rectal hydrogel spacers in the UK.

Methods

A Delphi study where seven radiation oncologists from across the UK experienced in using rectal hydrogel spacers participate in two rounds of online questionnaires and two virtual advisory boards (Figure 1). Scoring on consensus was performed as in Figure 2

Results

Experts considered that even low-grade adverse events were important to patient well-being and estimated that:

- Rectal spacers more than halve the incidence of Grade 2+ adverse events
- 83% of patients who could potentially benefit from a spacer are denied access.

Overall, ten points of consensus were reached, with eight statements having strong consensus (Figure 3)

Discussion & Conclusion

Even low-grade adverse events impact patients and with such opportunity for treatment with curative intent, more focus should be placed on improving patient quality of life. Consensus here indicates how health policy could be adapted to promote appropriate and equal access in a finite health economy.

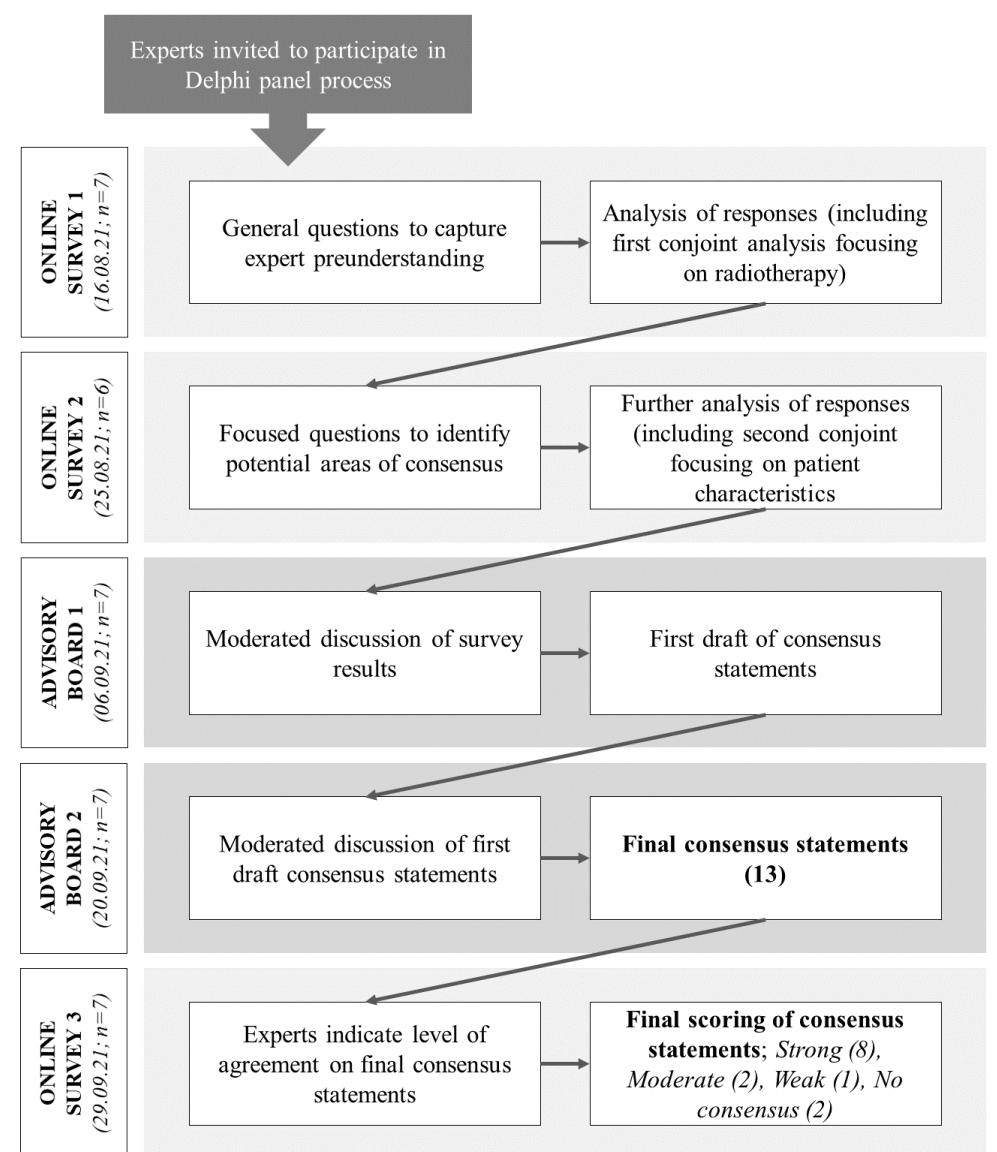


Figure 1 Overview of the Delphi-panel process. The number of participating experts at each stage of the Delphi panel process are indicated by n.

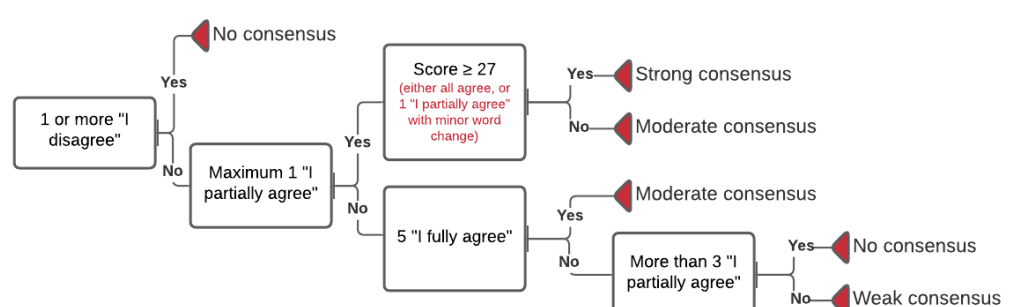


Figure 2 Consensus statement scoring, decision tree.

Certain grade 1 toxicity-related adverse events can still have a significant impact on patient quality of life.

Use of spacers in eligible patients significantly reduces radiation dose to the rectum and toxicity-related adverse events

Despite meeting rectal dose constraints, too many patients continue to experience rectal toxicity.

For treatments with curative intent, focus should be on minimising toxicity and the risk of side effects

Patients should have the opportunity to take part in the discussion regarding the use of a spacer.

Any toxicity grading system in use should be complemented by patient-reported outcomes

Patients receiving long-term anticoagulation therapy with medications such as direct oral anticoagulants (DOACs) should be considered for spacer use if their anticoagulation can be safely paused.

Spacers are useful in eligible patients with T1-T2 disease. Spacer use in patients with T2+ disease should not be excluded but should be assessed on an individual basis by a team proficient in inserting spacers.

Figure 3 Eight statements which reached a strong consensus during the Delphi panel.

References

1. Cancer Research UK. Prostate cancer statistics [Available from: <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/prostate-cancer#heading-Zero> accessed 2021-11-23.
2. Ardekani MA, Ghaffari H. Optimization of prostate brachytherapy techniques with polyethylene glycol-based hydrogel spacers: a systematic review. Brachytherapy 2020;19(1):13-23.
3. Mariados N, Sylvester J, Shah D, et al. Hydrogel Spacer Prospective Multicenter Randomized Controlled Pivotal Trial: Dosimetric and Clinical Effects of Perirectal Spacer Application in Men Undergoing Prostate Image Guided Intensity Modulated Radiation Therapy. Int J Radiat Oncol Biol Phys 2015;92(5):971-77. doi: 10.1016/j.ijrobp.2015.04.030 [published Online First: 20150423]
4. Hamstra DA, Mariados N, Sylvester J, et al. Continued Benefit to Rectal Separation for Prostate Radiation Therapy: Final Results of a Phase III Trial. Int J Radiat Oncol Biol Phys 2017;97(5):976-85. doi: 10.1016/j.ijrobp.2016.12.024 [published Online First: 2017/02/18]
5. National Institute for Health and Care Excellence (NICE). INTERVENTIONAL PROCEDURES PROGRAMME Equality impact assessment IPG590 Biodegradable spacer insertion to reduce rectal toxicity during radiotherapy for prostate cancer, 2016.

HTAi

SLIDE CREW