

National Institute for Health and Care Excellence

Surveillance programme

Report for Guidance Executive

Improving outcomes for people with brain and other CNS tumours: surveillance report March 2017

Relevant guidance

CSGBrainCNS. (2006) NICE guideline [CSG10](#)

Previous surveillance decisions

8-year review (2015)

The decision was to defer the decision to place CSG10 on the static list pending the scoping of a new clinical guideline on Primary brain tumours and brain metastases

1 Surveillance decision

NICE Guidance Executive is asked to:

- consider the surveillance decision – transfer to the static list
- note that the recommendations in CSG10 that are superseded by the new clinical guideline on Primary brain tumours and brain metastases will be stood down when the guideline is published (scheduled July 2018).

2 Background information

This surveillance report from 2015 has previously been considered by Guidance Executive and is published at [CSG10 2015 surveillance report](#). The proposal was to transfer CSG to the static list.

Surveillance report for GE March 2017
Improving outcomes for people with other brain and CNS tumours. (2006)
NICE cancer service guidance CSG10

Consultation

The proposal to transfer CSG10 to the static list was consulted on as detailed in the 2015 report. Those stakeholders who disagreed were largely concerned that clinical management had progressed significantly in several areas.

Consultation comments are published at [CSG10 consultation comments](#). A new referral was subsequently received by NICE to develop a new clinical guideline on Primary brain tumours and brain metastases, which underwent scoping to identify the highest priority areas for new guidance. The concerns raised in 2015 are now therefore being addressed. We have discussed this new proposal with the National Clinical Director for Cancer who is content.

3 Validation process

The following validation stages have been completed:

- Review and sign-off by:
 - Centre for Guidelines Director
 - Surveillance Programme Associate Director
 - Centre for Guidelines Clinical Adviser

4 Issues for Guidance Executive

It is expected that the new guideline will make recommendation that will supersede those in CSG10 in the following areas:

- Imaging of glioma, meningioma and metastases, beyond the initial identification of a tumour
- Use of molecular markers for guiding treatment and prognosis of gliomas
- Specific management of glioma, meningioma, brain metastases
- Follow up protocols for glioma, meningioma and metastases
- Identifying health and social care support needs
- Referral criteria and timing for neurorehabilitation

The areas in the cancer service guidance remaining on the static list will then be:

- Background material, such as aetiology, risk factors, symptoms where not relevant to the areas above
- Multidisciplinary team make up and function
- Presentation and referral
- Imaging before the areas listed above e.g. initial imaging where tumour suspected
- Treatment and follow up of pituitary, spinal cord and skull base tumours
- Some aspects of supportive care e.g. communication, rehabilitation services, specialist palliative care, social support and continuing care, although these may be touched on in the question about identifying needs.

5 Implications for other NICE programmes

There is no current Quality Standard related to this topic. A referral for a Quality Standard on Brain metastases has been received and is awaiting development.

6 Equalities

No equalities issues were identified during the process.

Mark Baker – Centre Director

Sarah Willett – Associate Director

Phil Alderson – Clinical Adviser

NICE Centre for Guidelines

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