

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Centre for Clinical Practice – Surveillance Programme

Recommendation for Guidance Executive

Clinical guideline

CSGBrainCNS: Improving outcomes for people with brain and other CNS tumours

Publication date

June 2006

Surveillance report for GE (post-consultation)

February 2015

Surveillance recommendation

GE is asked to consider the following proposal and rationale:

Proposal

A decision on whether the guidance on improving outcomes for people with brain and other CNS tumours should be updated should be deferred pending the finalisation of the scope of new guidance on primary and secondary brain tumours. In light of this decision, the proposal is not to put the guidance on the static list at this time.

Rationale

Following consultation feedback on the proposal not to update the guidance and subsequent consideration of stakeholder comments, NICE has been in discussion with the Department of Health and NHS England about how best to meet the needs of patients with intracerebral tumours..

Following these discussions, it has been agreed that NICE will formally request a referral from NHS England to develop a guideline on primary brain cancers. A referral for a guideline on the management of brain metastases has already been received.

Key findings

			Potential impact on guidance	
			Yes	No
Evidence identified from literature search				✓
Feedback from Guideline Development Group			✓	
Feedback from stakeholders during consultation			✓	
Anti-discrimination and equalities considerations				✓
No update	CGUT update	Standard update	Transfer to static list	Defer update decision
				✓*

*A decision on whether to update the guidance should be deferred pending the finalisation of the scope of new guidance on primary and secondary brain tumours.

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Surveillance review of CSGBrainCNS: Improving outcomes for people with brain and other CNS tumours

Recommendation for Guidance Executive (post consultation)

Background information

Guideline issue date: 2006

8-year review: 2014

Findings of the current (8-year) surveillance review

1. Two focused searches to identify new evidence were carried out and relevant abstracts were assessed. One focused search aimed to identify studies on multidisciplinary team (MDT) functioning and was restricted to studies published from 1 January 2009 to 2 June 2014. The 2009 cut-off date was selected for the literature search as clinical advice indicated that the recommendations in this area are unlikely to have been implemented prior to 2009. The second focused search evaluated the volume-outcome relationship (the impact of hospital/surgeon volumes on quality of decision making and outcomes) with the search being conducted on 2 June 2014 and going back to 30 April 2005 (the end of the search period for the guidance).
2. Due to the nature of the evidence being sought, the search strategies included observational studies in addition to randomised controlled trials (RCTs) and systematic reviews. Clinical feedback was also obtained from members of the guideline development group (GDG) through a questionnaire survey. Three responses were received with two respondents stating that they were unsure whether the guidance needed to be updated. One respondent stated that increasing complexity of diagnosis due to advances in understanding of the biology of CNS tumours means that a lot of the guidance is outdated, however, no references were provided.
3. No new evidence was identified for the current 8-year surveillance review relating to either of the focussed clinical areas that may potentially change the direction of the recommendations.
4. For the rest of the guidance no new evidence was considered.

Ongoing research

5. None identified.

Anti-discrimination and equalities considerations

6. None identified.

Implications for other NICE programmes

7. A Quality Standard on Brain metastases has been referred and been tentatively scheduled into the 2015/16 workplan with a provisional start date still to be agreed.
8. The Quality Standards library does not currently contain a topic on primary brain tumours.

Summary of stakeholder feedback

9. Stakeholders were consulted on the following proposals over a two week consultation period:

The cancer service guidance on improving outcomes for people with brain and other CNS tumours should not be considered for an update at this time.

The guidance should be transferred to the static guidance list because it fulfils the following criteria:

- No evidence was identified that would impact on the current guidance and no major ongoing studies or research has been identified as due to be published in the near future (that is, within the next 3-5 years).

10. In total, 14 stakeholders responded to the surveillance review proposal during the two-week consultation period (see [Appendix 1](#)).
11. Eight stakeholders disagreed with the proposal to not update the guidance and transfer to the static list, three agreed, and three did not state a definitive position or had no substantive comments.
12. Comments from the stakeholders who disagreed with the surveillance proposal related to a number of issues, including:
 - a major change in brain tumour management that was not considered in detail previously relates to the increased use of molecular markers in diagnosis and the impact these have on treatment of gliomas
 - new evidence is now available to support the routine use of 5-aminolevulinic acid (5-ALA) 5-Aminolevulinic Acid fluorescence guided resections of high grade gliomas
 - the core membership of many MDTs is still debated and very few, if any, centres in the UK have a fully functioning cancer network MDT, with feedback indicating that the overall purpose of this MDT as a separate entity is unclear and a financial burden

- the guidance is not being followed consistently across England with significant differences in care still being experienced by patients across the country

Conclusion

13. Following consultation feedback on the proposal not to update the guidance and subsequent consideration of stakeholder comments, NICE has been in discussion with the Department of Health and NHS England about how best to meet the needs of patients with intracerebral tumours.
14. Following these discussions, it has been agreed that NICE will formally request a referral from NHS England to develop a guideline on primary brain cancers. A referral for a guideline on the management of brain metastases has already been received.
15. A decision on whether the guidance on improving outcomes for people with brain and other CNS tumours should be updated will be deferred pending the finalisation of the scope of new guidance on primary and secondary brain tumours.
16. In light of this decision the proposal is not to put the guidance on the static list at this time.

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