

National Institute for Health and Care Excellence

IP381/3 – Microwave ablation for treating liver metastases Consultation Comments table

IPAC date: 11 February 2016

Co m. no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
1	Consultee 1 NHS Professional	General	"To Whom it May Concern, Many thanks for the opportunity to comment on the provisional NICE guidance regarding "Microwave ablation for treating liver metastases".	Thank you for your comment.

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2	Consultee 1 NHS Professional	1.2 and 1.3	We entirely agree with the recommendation for subspecialist patient selection by a hepatobiliary cancer MDT (point 1.2) and with the research recommendations but would propose that the final guidance document should also address the issue of imaging follow-up.	<p>Thank you for your comment.</p> <p>The Interventional Procedures programme at NICE assesses the safety and efficacy of new interventional procedures. The committee makes recommendations on conditions for the safe use of a procedure including training standards, consent, audit and clinical governance. It does not have the remit to advise on imaging follow-up for a procedure.</p> <p>The committee considered your comment and decided to change section 1.3 of the guidance as follows:</p> <p><i>1.3 Further research would be useful for guiding selection of patients for this procedure. This should document the site and type of the primary tumour being treated, the intention of treatment (palliative or curative), imaging techniques used to assess the efficacy of the procedure, long-term outcomes and survival.</i></p>

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3	Consultee 1 NHS Professional	1.3 and 2.2	As described within the provisional guidance document, research to date has focused on the role of ablative procedures as a predominantly palliative procedure. However MDTs and patients are increasingly enquiring about the potential role of ablation to treat smaller volume metastatic disease with curative intent.	Thank you for your comment. Section 2.2 of the guidance has been changed as follows: <i>The number, location and size of the metastases as well as the patient's general health and the site of the primary cancer all influence the choice of treatment for liver metastases. For a minority of patients, surgical resection with curative intent may be possible. Whilst non-surgical ablative techniques may be used with curative intent, for most patients treatment is palliative. Options for palliative treatment include systemic chemotherapy, external beam radiotherapy, thermal ablation techniques (such as radiofrequency or cryotherapy), arterial embolisation techniques, and selective internal radiation therapy. Multiple treatment modalities may be used for individual patients.</i>
4	Consultee 1 NHS Professional	4 and 5	However we note an absence of the review of evidence concerning the role of imaging in the monitoring and follow-up of the success of the procedure. The more widespread use of ablation, and the potential use of ablation as a curative procedure to treatment small volume metastatic disease, has been hampered by variable local recurrence and five year overall survival rates, ranging from 8.8-40% and 20-48.5% respectively (Minami, 2013).	Thank you for your comment. The Minami (2013) paper is a literature review on radiofrequency ablation of liver metastases from colorectal cancer. Therefore it won't be included in the overview.

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5	Consultee 1 NHS Professional	4 and 5	In patients where ablation is not used as a purely palliative procedure the greatest concern is regarding local recurrence. Local data has shown that 52% (53/101) of lesions developed local recurrence after radiofrequency ablation (RFA). In 60% this occurred in the first three months, and all within the first year (Wale, 2013).	Thank you for your comment. The Wale (2013) paper is a conference abstract on the use of the Fong criteria to predict local recurrence after radiofrequency ablation of colorectal liver metastases. Therefore it won't be included in the overview.
6	Consultee 1 NHS Professional	General	Clearly, if recurrent disease is identified early enough there is the potential to retreat, either with a further ablative procedure or with hepatic resection. The challenge is that follow-up after ablation is not standardised, either by time or method. At present most hospitals perform follow-up CT every 3-6 months after ablation, but the diagnosis of residual or recurrent disease on CT is challenging and delayed. No comparative studies have assessed the role of CT versus MRI in the assessment of the ablation margin after ablation for CRLM, but a study of 40 patients with HCC who underwent RFA by Qu (2012) found the interobserver agreement rate for the detection of RFA margins for MRI was significantly higher than for CT (Kappa =0.935 vs Kappa=0.714, p<0.05). Qu also found MRI to be more sensitive, specific and accurate than CT (100%, 96.4% and 96.8% for MRI vs 30.0%, 57.1% and 63.8% for CT).	Thank you for your comment. The Interventional Procedures programme at NICE assesses the safety and efficacy of new interventional procedures. The committee makes recommendations on conditions for the safe use of a procedure including training standards, consent, audit and clinical governance. It does not have the remit to advise on imaging follow-up for a procedure. The Qu(2012) paper is a study that compares computed tomography against MRI in assessing radiofrequency ablation margins after radiofrequency ablation in patients with hepatocellular carcinomas. Therefore it won't be included in the overview.

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7	Consultee 1 NHS Professional	General	More research is therefore required to determine the pattern and timing of local recurrence after ablation and to determine what is the most appropriate imaging follow-up after ablation to detect recurrent disease. At present, based on our local data regarding the timing of recurrent disease and the evidence regarding the efficacy of CT and MRI for the detection of local recurrence, we would recommend imaging follow-up after ablation at 3 monthly intervals with contrast enhanced CT and MRI with a hepatocyte specific contrast agent and diffusion weighted sequences.	Thank you for your comment. The Interventional Procedures programme at NICE assesses the safety and efficacy of new interventional procedures. The Committee makes recommendations on conditions for the safe use of a procedure including training standards, consent, audit and clinical governance. It does not have the remit to advise on imaging follow-up for a procedure. Section 1.3 of the guidance has been changed as follows: <i>1.3 Further research would be useful for guiding selection of patients for this procedure. This should document the site and type of the primary tumour being treated, the intention of treatment (palliative or curative), imaging techniques used to assess the efficacy of the procedure, long-term outcomes and survival.</i>
8	Consultee 1 NHS Professional	General	We would be happy to consult further on the imaging follow-up after ablation if this would be helpful. Prof [REDACTED] and Dr [REDACTED]	Thank you for your comment.

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9	Consultee 1 NHS Professional	4 and 5	<p>References:</p> <p>Minami Y. Radiofrequency ablation of liver metastases from colorectal cancer: a literature review. Gut Liver. 2013 Jan;7(1):1-6.</p> <p>Qu, J. R., et al. "Comparison of computed tomography versus magnetic resonance imaging in assessing radiofrequency ablation margins after radiofrequency ablation in patients with hepatocellular carcinomas." Zhongguo Yi Xue Ke Xue Yuan Xue Bao. 2012 Oct;34(5):480-5.</p> <p>Wale, A. et al. Use of the Fong criteria to predict local recurrence after radiofrequency ablation of colorectal liver metastases: a retrospective review. ESGAR Book of Abstracts. Insights Imaging. 2013 Jun; 4(Suppl 2):483"</p>	<p>Thank you for your comment.</p> <p>The Minami (2013) paper is a literature review on radiofrequency ablation of liver metastases from colorectal cancer. Therefore it won't be included in the overview.</p> <p>The Qu(2012) paper is a study that compares computed tomography against MRI in assessing radiofrequency ablation margins after radiofrequency ablation in patients with hepatocellular carcinomas. Therefore it won't be included in the overview.</p> <p>The Wale (2013) paper is a conference abstract on the use of the Fong criteria to predict local recurrence after radiofrequency ablation of colorectal liver metastases. Therefore it won't be included in the overview.</p>

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