NICE National Institute for Health and Care Excellence

Surveillance report (exceptional review) 2017 – Cancer of the upper aerodigestive tract: assessment and management in people aged 16 and over (2016) NICE guideline NG36

Surveillance report

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Surveillance decision

We will plan a partial update of the guideline on management of locally advanced (N2/N3) nodal metastases in patients with squamous cell head and neck cancer.

Reason for the decision

Assessing the evidence

The PET-NECK study is a National Institute for Health Research (NIHR) funded trial that is relevant to NICE's guideline on upper aerodigestive cancer. The aim of this trial is to determine the efficacy and cost-effectiveness of PET-CT guided surveillance compared to planned neck dissection in the management of locally advanced (N2/N3) nodal metastases in patients with squamous cell head and neck cancer. This trial was raised by stakeholders during consultation for the guideline, subsequently added to the NICE surveillance programme trial tracker and results considered in detail when they became available.

The results of the PET-NECK study have been described in detail in an NIHR signal but, in summary, suggest non-inferiority for a less invasive approach (PET-CT scanning compared with planned surgery) with potential cost savings. The guideline on upper aerodigestive cancer does not currently consider the use of PET-CT scan to track progression of cancer before surgery. Furthermore, the PET-NECK study is relevant to one of the research recommendations in the guideline which aims to address the optimal method, frequency and duration of follow-up for people who are disease-free after treatment for cancer of the upper aerodigestive tract. Therefore, it would be pertinent to consider the results of the PET-NECK study in an update of the guideline, particularly in relation to treatment of advanced disease.

The results of the PET-NECK study were discussed with topic experts who agreed that this new evidence is practice changing, could impact on the guideline recommendations and felt that an update was warranted. Topic experts also noted although the results in the patients with N3 disease were similar to the N2 patients, the extrapolation of a PET-CT–guided surveillance policy to this higher-risk group of patients cannot currently be justified because of the small number of such patients in the trial. This will need to be considered as part of the update.

Other clinical areas

This exceptional surveillance review did not search for new evidence relating to other clinical areas in the guideline.

Equalities

No equalities issues were identified during the surveillance process.

Overall decision

After considering all the evidence and views of topic experts and stakeholders, we decided that a partial update is necessary for this guideline.

See how we made the decision for further information.

How we made the decision

Exceptionally, significant new evidence may mean an update of a guideline is agreed before the next scheduled check of the need for updating. The evidence might be a single piece of evidence, an accumulation of evidence or other published NICE guidance.

For details of the process and update decisions that are available, see ensuring that published guidelines are current and accurate in developing NICE guidelines: the manual.

Evidence

This surveillance report provides an overview of 1 study published since the end of the search period for the guideline (June 2015). The results of this study were considered in detail to determine an impact on guideline recommendations.

Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline.

Views of stakeholders

Stakeholders are consulted only if we decide not to update the guideline following checks at 4 and 8 years after publication. Because this was an exceptional surveillance review, and the decision was to update, we did not consult on the decision.

See ensuring that published guidelines are current and accurate in developing NICE guidelines: the manual for more details on our consultation processes.

NICE Surveillance programme project team

Kay Nolan
Associate Director

Philip Alderson

Consultant Clinical Adviser

Emma McFarlane
Technical Adviser

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