

NHS Dorset Clinical Commissioning Group

INTENSITY-MODULATED RADIATION THERAPY (IMRT)

Criteria Based Access Protocol



Supporting people in Dorset to lead healthier lives

NHS DORSET CLINICAL COMMISSIONING GROUP
INTENSITY-MODULATED RADIATION THERAPY (IMRT)
CRITERIA BASED ACCESS PROTOCOL

1. INTRODUCTION AND SCOPE

- 1.1 Intensity-Modulated Radiation Therapy is a type of 3-dimensional radiation therapy that uses computer-generated images to show the size and shape of a tumour. Thin beams of radiation of different intensities are aimed at the tumour from many angles. This type of radiation therapy reduces the damage to healthy tissue near the tumour.
- 1.2 This protocol is applied in accordance with the Policy for Individual Patient Treatments.

2. DEFINITIONS

- 2.1 Any definitions related to this Criteria Based Access Protocol are included as a Glossary at Appendix B.

3. ACCESS CRITERIA

- 3.1 Prior approval is not required in the following circumstances:
- 3.2 Head and Neck Cancer:
- Patients where IMRT offers a significant reduction in normal tissue toxicity (particularly parotid gland sparing where the dose to 50% of the contra lateral parotid gland can be kept below 24Gy with IMRT).
- 3.3 Prostate Cancer:
- Patients with bilateral hip replacements;
 - Patients where there is a need to treat seminal vesicles or pelvic nodes and where IMRT would result in clinically significant reduction in dose to bowel or rectum.
- 3.4 Patients taking part in Clinical Trials of IMRT:
- COSTAR Trial (at present the trial of cochlea sparing IMRT versus conventional radiotherapy following removal of a parotid gland tumour is the only NCRN trial open for inverse planned IMRT).

4. EXCLUSIONS

- 4.1 There are no exclusions.

5. CASES FOR INDIVIDUAL CONSIDERATION

- 5.1 Should a patient not meet the criteria detailed within this protocol, the Policy for Individual Patient Treatments (which is available on the NHS Dorset Clinical Commissioning Group website or upon request), recognises that there will be occasions when patients who are not considered for funding may have good clinical

reasons for being treated as exceptions. In such cases the requesting clinician must provide further information to support the case for being considered as an exception.

- 5.2 The fact that treatment is likely to be effective for a patient is not, in itself a basis for exceptional circumstances. In order for funding to be agreed there must be some unusual or unique clinical factor in respect of the patient that suggests that they are:
- significantly different to the general population of patients with the particular condition; and
 - they are likely to gain significantly more benefits from the intervention than might be expected for the average patient with the condition

- 5.3 In these circumstances, please refer to the Individual Patient Treatment Team at the address below:

First Floor West
Vespasian House
Barrack Road
Dorchester
DT1 1TG
Telephone no: 01305 368936
Email: individual.requests@dorsetccg.nhs.uk

6. CONSULTATION

- 6.1 Prior to approval from Dorset CCG's Clinical Commissioning Committee this Protocol was reviewed within the local NHS including input from commissioners, clinicians and other relevant stakeholders.
- 6.2 An Equality Impact Assessment for this Criteria Based Access Protocol is available on request.

7. RECOMMENDATION AND APPROVAL PROCESS

- 7.1 This access protocol has been approved on behalf of the Clinical Commissioning Committee in line with processes agreed by the CCG's Governing Body.

8. COMMUNICATION/DISSEMINATION

- 8.1 Following approval of Criteria Based Access Protocols at Clinical Commissioning Committee each Protocol will be uploaded to the CCG's Intranet, Internet and added to the next GP Bulletin.

9. IMPLEMENTATION

- 9.1 Following review of this Criteria Based Access Protocol it was agreed there were no new aspects to be included in this version and therefore no requirement for an implementation plan.

10. DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

10.1 This Criteria Based Access Protocol requires a review every three years, or in the event of any changes to national guidance or when new guidance is issued.

FREQUENTLY ASKED QUESTIONS

N/A

GLOSSARY

N/A

A DOCUMENT DETAILS	
Procedural Document Number	151
Author (Name and Job Title)	Michael Cross, Senior Commissioner IPT
Recommending Group	Individual Patient Treatment Panel
Date of recommendation	December 2016
Date of approval by CCC	1 June 2017
Version	1.0
Review frequency	Three yearly
Review date	June 2020

B CONSULTATION PROCESS			
Version No	Review Date	Author and Job Title	Level of Consultation
1.0	April 2017	Michael Cross Senior Commissioner IPT	Circulated for comment through the Medical Directors of the three Dorset acute NHS Foundation Trusts. Reviewed previously by IPT Panel including GP, Hospital Consultant, Public Health, and Patient and Public representation.

C VERSION CONTROL						
Date of recommendation	Version No	Review date	Nature of change	Approval date	Approval Committee	
Dec 2016	1.0	Dec 2016	Introduction of document	June 2017	CCC	

D ASSOCIATED DOCUMENTS	
<ul style="list-style-type: none"> Policy for individual patient treatment, NHS Dorset Clinical Commissioning Group Making sense of Local Access Based Protocols, NHS Dorset Clinical Commissioning Group 	

E SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES		
Evidence	Hyperlink (if available)	Date
None	N/A	N/A

F DISTRIBUTION LIST			
Internal CCG Intranet	CCG Internet Website	Communications Bulletin	External stakeholders
✓	✓	✓	✓