Proton Beam Therapy for Selected Solid Tumours

Proton beam therapy for selected solid tumours will be funded in line with the following guidance:

The Department of Health and Social Care (DHSC) will adopt the Guidance for the Referral of Patients Abroad for NHS Proton Treatment (National Specialist Commissioning Team [now NHS England] version 2.3, July 2011) in respect of requests for funding for Manx patients to receive PBT abroad.


The DHSC will follow NHS England in respect of the ‘approved diagnoses’ and patient selection criteria and will expect to make funding available for PBT treatment for patients assessed as meeting these criteria.

The approved diagnoses are:

**Adult**
Base of skull and spinal chordoma
Base of skull chondrosarcoma
Spinal and paraspinous bone and soft tissue sarcomas (Non Ewing’s)

**Paediatric**
Base of skull and spinal chordoma
Base of skull chondrosarcoma
Spinal and paraspinous ‘adult type’ bone and soft tissue sarcomas
Rhabdomyosarcoma
Orbit
Parameningeal and head and neck
Pelvis
Ependymoma
Ewing’s sarcoma
Retinoblastoma
Pelvic sarcoma
Optic pathway and other selected low grade glioma
Craniopharyngioma
Pineal parenchymal tumours (not pineoblastoma)
Esthesioneuroblastoma

**The following patient selection criteria must also be met:**
1. Treatment should be given with curative intent
2. Patients must have good performance status either 0 or 1 (WHO - Appendix 2)
3. No other coincident diagnoses that are likely to either limit 5 year survival or make a prolonged period abroad difficult to manage from a practical point of view
4. There should be no metastatic disease
5. Re-treatment cases will not be accepted
6. There are weight limits on the treatment couches in treatment centres. The weight of adult patients at the time of referral should be given and should not exceed 150 kg.

Process for applying for funding

The NHS England guidance requires all patients in whom PBT is considered appropriate by their local oncologist and multi-disciplinary team to be further assessed by the Proton Clinical Reference Panel (PCRP) and the final decision on suitability for treatment rests with the PCRP. Requests to the PCRP must be made using the standard referral form included in the NHS England guidance document.

For Isle of Man patients, the responsible oncologist must send the completed referral form to DHSC for prior approval of funding (if suitability is confirmed by PCRP) before the form is submitted to PCRP. Where the responsible oncologist is off island, the form may be forwarded to DHSC via the responsible clinician on island (e.g. consultant paediatrician in the case of a child).

DHSC (specifically the Clinical Recommendations and Individual Funding Request (CRC/IFR) team within the Public Health Directorate) will undertake ‘prior authorisation’ checks on the referral form and will expect to approve those referrals to PCRP which clearly fall within the policy guidance. Authorised requests will be forwarded to PCRP for assessment and DHSC will expect to be bound by the PCRP decision regarding funding of treatment.

Where the information on the referral form does not meet the prior authorisation checks, the referring clinician will be contacted for further details. If, after consideration of further information, the referral form still does not meet the diagnosis and selection criteria in the NHS England guidance, the CRC/IFR team will inform the requesting clinician that funding is not authorised and the referral will not be progressed to the PCRP.

Referral to a PBT centre must not be made until confirmation of PCRP approval. The PCRP will contact the referring clinician to confirm approval and will indicate to which PBT centre the patient should be referred.

Where an appropriate clinician (clinical oncologist supported by a multi-disciplinary team or an on island consultant acting on their behalf) wishes to make a referral for assessment by the PCRP for a patient known not to meet the diagnosis and selection criteria in the NHS England guidance, the request for funding must be made through the Individual Funding Request Panel. The IFR request form must be completed and the requesting clinician must demonstrate that the patient is exceptional in terms of need and capacity to benefit compared to other patients with similar clinical circumstances who would not be offered PCRP assessment (or PBT) under the existing guidance.

There may be cases where despite full completion of the referral form and prior authorisation by the CRC/IFR team, the PCRP conclude that PBT is not appropriate for the patient. Where the PCRP declines approval for the referral but the referring clinician still considers that the patient has capacity to benefit, the referring clinician may ask for the case to be considered by the IFR Panel. The referring clinician will need to demonstrate why he/she considers that the reasons for decline given by the PCRP should not apply to the specific case.
Clinicians considering making an application for PBT are advised to consult the full NHS E guidance document (http://www.england.nhs.uk/wp-content/uploads/2014/09/guidance-referral-pat-abroad-nhs-proton.pdf) and ensure that they comply with all the conditions set out therein.

The list of possible indications for PBT is gradually increasing and NHS E will be addressing the issue of expanding the list of approved diagnoses in line with emerging evidence of clinical and cost effectiveness. We will review Isle of Man policy in the light of new policy/guidance documents published by NHS E. This policy, and supporting commissioning arrangements, will be reviewed during 2018 as the planned NHS England PBT centres begin to come on line (The Christie, Manchester – anticipated start date 2018; University College Hospital, London – anticipated start date 2020).

**Reason for policy review:**

Replaces the CRC Recommendation: Consideration of Funding for Proton Beam Therapy, 21 July 2015.

Where a patient is considered to have exceptional need for and capacity to benefit from a treatment that is not routinely funded, a request for individual funding may be made to the Individual Funding Requests Panel. The patient must be made aware that the Panel may not support the request and must not be given any expectation that they will be able to have the treatment until a decision to fund has been received in writing from the Panel.

Further information contact:

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Also refer to Appendix overleaf: Process Flow Chart