



**Northern, Eastern and Western Devon Clinical Commissioning Group
South Devon and Torbay Clinical Commissioning Group**

This commissioning decision was adopted by the above organisations on 1st April 2013, having been originally agreed by the previous commissioning organisations (NHS Devon, NHS Plymouth and Torbay Care Trust).

Peninsula Commissioning Priorities Group

Commissioning decision: cryotherapy as a salvage treatment option for patients with locally recurrent prostate cancer

The Peninsula Commissioning Priorities Group (PCPG) has come to a decision on the use of cryotherapy for patients with localised recurrent prostate cancer. For patients with localised recurrent cancer, cryotherapy may be offered as an option where the consultant, patient and multidisciplinary team consider that this might better serve the patients interests than other options. The treatment must be provided from a specialist centre that will enter the patient into research or audit of this treatment with data collated at a regional or national level. The specialist centre must have the appropriate governance procedures in place in line with NICE Interventional Procedure Guidance 119. This is on the basis that patients are fully informed of the alternatives, (active surveillance or radical prostatectomy) and the risks associated with the procedure including information available from NICE for people considering cryotherapy for recurrent prostate cancer.

Rationale for the decision

When prostate cancer reoccurs locally following radiotherapy, cryotherapy is an alternative surgical procedure to radical prostatectomy. There is a paucity of comparative data to suggest which treatment options are most effective in this scenario.

In 2005, NICE published an Interventional Procedure Guideline (IPG 119) reporting that there was adequate evidence in terms of safety and efficacy to support this procedure, whilst NICE Clinical Guideline 58 suggests that more research is needed before routine use is implemented. Both cryotherapy and radical prostatectomy have been shown to result in biochemical recurrence free survival measured by prostate serum antigen levels. Both cryotherapy and radical prostatectomy carry the risk of clinical complications which include erectile dysfunction and incontinence. At present, there are no published controlled studies that compare these two interventions or studies evaluating the cost-effectiveness of treatment in recurrent disease.

The South West Peninsula Cancer Network Site Specific Group will consult with local experts and relevant network groups to develop criteria to support clinical and patient decision making with regards to the procedure.

Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding can be sought.

Plain language summary

Prostate cancer is one of the most common cancers in men and risk increases with age. Following primary treatment, with radiotherapy, the cancer can reoccur locally (still in the prostate). For some patients, cryotherapy is a surgical option to remove the reoccurring tumour(s) using temperatures below freezing to destroy the tissue. The committee agreed to support the continued study of the comparability of treatment options by commissioning cryotherapy for recurrent localised prostate cancer through specialist centres that will enter patients into research or audit of outcomes co-ordinated at national or regional level. The decision to refer men for this procedure needs to be carefully considered and should involve the man affected and the team of health professionals involved in his care.

Date of decision: 22nd June 2011