



Title	Value of Extra-Cranial Stereotactic Radiotherapy
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Aim

To assess the clinical value of extracranial stereotactic radiotherapy (ESR) to advise French National Health Insurance (NHI) on reimbursement.

Conclusions and results

According to the 42 selected studies (11 prospective, 31 retrospective):

1. *spinal and paraspinal tumors* (15 studies, 467 patients, median followup 8 to 25 months): pain was decreased in 25% to 100% of patients (8 studies), there were fewer symptoms in 42% to 100% of patients (4 studies), and the local control rate was 87% to 100% (7 studies). No toxicity was observed (9 studies).
2. *bronchopulmonary tumors* (16 studies, 659 patients, median followup 8 to 36 months): the overall control rate was 72% to 100% (13 studies), the 1-year actuarial control rate was 76% to 100% (6 studies), and the 1-year survival rate was 48% to 100% (8 studies). Grade ≥ 3 complications were observed in 0% to 16% of patients (14 studies).
3. *hepatic tumors* (4 studies, 109 patients; median followup 7 to 12 months): the local control rate was 72% to 95%. No grade 3 toxicity was observed.

The working group also discussed further indications.

Recommendations

The opinion of HAS (French National Authority for Health) is that NHI should reimburse ESR for spinal tumors, primary T1, T2, No, Mo bronchopulmonary tumors, and slow-growing bronchopulmonary metastases when the primary tumor is under control. It advised conditional coverage of ESR for hepatic tumors.

Methods

We reviewed published data on the safety and efficacy of ESR and its contribution to treatment strategy. The review was discussed by an 11-member multidiscip-

linary working group before submission to the HAS Committee for Assessment of Medical and Surgical Procedures.

Further research/reviews required

The following are required:

- long-term followup
- further information on the type, volume, and topography of the tumor
- information on therapeutic use compared to other treatments
- health economic assessment in France
- confirmation of the safety and efficacy in indications with conditional coverage.