

AXA Health Robotic Surgery Review

Head and Neck

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Background

AXA Health is constantly seeking to make sure that its offering to patients reflects the best possible evidence and follows current UK practice. This means taking decisions as to what surgical procedures should be funded and to what level.

Surgical robotics is a rapidly progressing field, constantly expanding and evolving to move into new specialities. For this reason, AXA Health has started a process to systematically assess the status of robotic surgery in each speciality, to determine what the evidence is for robotic use and what is currently standard of care in the NHS.

This document outlines the current policy for Head and Neck robotic surgery and is based on NICE guidance, review of the literature, and external consultation and interviews.

It is clear from this work that transoral robotic surgery (TORS) uptake is variable across Head and Neck networks but there has been increasing linkage of MDTs so that patients can move centres to access TORS as required.

The aim is for these guidelines to be frequently updated and we would be very happy to receive any new evidence you feel is relevant regarding any of these procedures.

Overview of Operations and Evidence

Mucosectomy / Unknown Primary Surgery

The evidence is strong that TORS is an optimal approach for cancers of unknown primary. The alternative to this is blind random biopsies and bilateral tonsillectomies which will often not find the primary, resulting in the need for wide radiotherapy fields which carry a significant morbidity. The mucosectomy allows the complete or targeted removal of the mucous membrane at the back of the tongue confirming the diagnosis and removing the primary cancer. This is reflected in NICE guidelines which support this as an option (<https://www.nice.org.uk/guidance/ng36/chapter/recommendations>).

AXA Health will fully fund these procedures which are widely accepted as safe and lower morbidity for the patient than alternatives.

Primary cancer resection

There is more variation in primary cancer resection with some surgeons still proposing open resection and flap reconstructions with others more convinced by the role of TORS. There is early evidence in trials that transoral surgery can reduce the subsequent radiation dose required (https://ascopubs.org/doi/abs/10.1200/JCO.2020.38.15_suppl.6500) but greater evidence will come from the PATHOS trial which is halfway through recruiting and should report in the next few years.

*AXA Health will fund TORS resection of primary cancer **but not at an additional cost over the standard tariff whilst there is no clear evidence of improved outcomes.***

Recurrent cancer resections

Recurrent cancers often require more substantial dissection and are technically far more challenging. These procedures are also more likely to leave exposed vessels which may require flap coverage. Whilst some centres are taking on selected recurrent cancers with a TORS approach, this is still in the experimental stages and should be restricted to very experienced surgeons, in tertiary / supra regional centres with careful auditing of outcomes.

AXA Health will not routinely fund TORS resection of recurrent cancers BUT will consider, case by case, individual surgeons who can provide clear evidence of their experience in this field including detailed outcomes.

Supraglottic cancers

TORS allows partial supraglottic laryngectomies to be performed, reducing the requirement for major resections or radiotherapy and therefore improving patient outcomes. This is supported by NICE guidelines (<https://www.nice.org.uk/guidance/ng36/>).

AXA Health will fully fund these procedures which are widely accepted as safe and lower morbidity for the patient than alternatives.

Benign surgery

There has been a move towards the limited utilisation of robotic approaches for benign conditions; however, there is currently limited or no evidence of improved outcomes. The one exception is a limited number of benign conditions at the base of the tongue that are very inaccessible by traditional techniques – for example, base of tongue varicoceles leading to recurrent bleeding.

*AXA Health will fund TORS for benign conditions **but not at an additional cost over the standard tariff whilst there is no clear evidence of improved outcomes.** For base of tongue procedures this will be considered case by case.*

Credentialing of surgeons

It is important for patients to be confident that their surgeons have been appropriately trained in TORS techniques. Therefore, AXA Health will require that the following criteria are met for any surgeon wanting to carry out TORS in the private sector.

1. Completed robotic platform training and proctorship.
2. Have 20 cases documented.
3. Be carrying out the same procedure in the NHS (alternative, for purely private surgeons: have detailed audit of outcomes and clear evidence of training).
4. Be formally collecting their own outcome data and be able to present it (either by recruiting to a trial, submitting data to a national database, or collating their own data in sufficient detail).

Engage with us

Funding decisions in the private sector can be complex and inevitably there will be surgeons and patients who feel that the bar has been set at the wrong height for a given operation or approach. This review has attempted to provide clarity to the Head and Neck field based on evidence and the opinions of professional societies. We want this process to begin a dialogue with the surgical community and therefore please reach out to us if you have any comments or if you feel the evidence has changed.

Contact us: medevsupport@axahealth.co.uk

To discuss robot-assisted surgeon credentialing details, please contact Sarah Taylor, Head of Specialist & Practitioner Relations here: specialistrelationships.health@axahealth.co.uk

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