

IQWiG Reports – Commission No. H16-02C

Ultrasound-guided high- intensity focused ultrasound therapy for malignant neoplasms of the pancreas¹

Executive Summary

¹ Translation of the executive summary of the assessment according to §137h Social Code Book (SGB) V *Sonografiegesteuerte hochfokussierte Ultraschalltherapie bei bösartigen Neubildungen des Pankreas* (Version 1.0; Status: 30 January 2017). Please note: This translation is provided as a service by IQWiG to English-language readers. However, solely the German original text is absolutely authoritative and legally binding.

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IQWiG thanks the medical-scientific advisor for his contribution to the §137h assessment. The sole responsibility for the content of this assessment lies with IQWiG.

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² Due to legal data protection regulations, employees have the right not to be named.

Executive summary

The Federal Joint Committee (G-BA) commissioned the Institute for Quality and Efficiency in Health Care (IQWiG) to assess the method of ultrasound-guided high-intensity focused ultrasound therapy (USgHIFU) for malignant neoplasms of the pancreas according to §137h Social Code Book (SGB) V – Statutory Health Insurance. The therapeutic indication to be assessed was restricted by the requesting hospital to neoplasms not treatable by surgery. The assessment documents were transferred to IQWiG on 19 December 2016.

According to the requesting hospital, the method of USgHIFU aims in particular to alleviate pain in patients with pancreatic tumours not treatable by surgery. In addition, tumour-modifying effects of USgHIFU have been described.

A total of 9 case series on the indication of unresectable pancreatic carcinoma, as well as 1 case series on the indication of borderline resectable pancreatic carcinoma, were available for the assessment. One study without usable data was available for unresectable endocrine pancreatic tumours.

For the indication of unresectable pancreatic carcinoma, due to a lack of comparative data the assessment documents submitted did not indicate that USgHIFU has patient-relevant advantages in terms of a potential versus possible comparator methods.

For the indication of borderline resectable pancreatic carcinoma, due to a lack of suitable comparative data, the assessment documents submitted did not indicate that USgHIFU has patient-relevant advantages in terms of a potential versus neoadjuvant chemotherapy.

No usable data were available for unresectable endocrine tumours.

Overall, on the basis of the assessment documents submitted, a benefit or potential of a required treatment alternative can neither be inferred for the neoadjuvant nor for the disease-modifying or palliative use of USgHIFU for malignant neoplasms of the pancreas.

For this reason, no key points for a testing study are specified for the method.

The full report (German version) is published under <https://www.iqwig.de/en/projects-results/projects/non-drug-interventions/h16-02c-ultrasound-guided-high-intensity-focused-ultrasound-for-malignant-neoplasms-of-the-pancreas-assessment-according-to-137h-social-code-book-v.7717.html>.