National Institute for Health and Clinical Excellence

694 – Brachytherapy as the sole method of adjuvant radiotherapy for breast cancer after local excision

Consultation Comments table

IPAC date: 16 May 2008

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
1	Consultee 1, Specialist Adviser	**1**	Fully agree.	Thank you for your comment.
2	Consultee 2, Specialist Adviser	**1**	Thank you for the invitation to comment on the recent NICE Consultation on safety and efficacy of Brachytherapy as the sole method of adjuvant radiotherapy for breast cancer after local excision (694). We have reviewed the document and commend NICEs thoroughness in the supporting documentation to the Consultation and have no further comments to add at this time.	Thank you for your comment.
3	Consultee 3, Individual clinician	**2.1**	Radiotherapy is used too, to reduce the risk of local recurrence.Chemotherapy tagets microscopic distant disease not specifically for preventing local recurrence	Section 2.1.2 amended to ‘To reduce the risk of recurrence, adjuvant chemotherapy, hormone therapy and/or radiotherapy can be used.’

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
4	Consultee 3, Individual clinician	**2.2**	This is not accurate as inappropriate terminology is used, and the failure to properly separate HDR and LDR brachytherapy is misleading : “Interstitial brachytherapy involves inserting a number of catheters individually into the breast tissue surrounding the lumpectomy cavity. The catheters can be placed intraoperatively or postoperatively (under local or general anaesthesia). The catheters are usually positioned in two to four planes, approximately 1 to 1.5 cm apart and typically, between 4 and 20 catheters are used, although the exact number of catheters and planes is determined by the size and shape of the target. Image guidance may be used to ensure that the catheters are positioned correctly. Wires with radioactive implants (usually called ‘seeds’)…“ [This is incorrect -when wire is used as an implant it is not called seeds] “…can then be inserted, or a machine can be used to insert a small radioactive implants…” [This is not called a radioactive implant, but rather a radioactive source] “…into the catheters. High or low dose rate radiation can then be delivered directly. The implants are left in place for a few hours (high dose rate ….” [Incorrect. HDR treatment takes minutes] ….or a few days (low dose)”	Reference to ‘seeds’ has been deleted from the overview. ‘Implant’ has been replaced with ‘radioactive source’ in the guidance and the overview. In section 2.2.1, ‘hours’ has been replaced with ‘minutes’ in the third sentence.

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
5	Consultee 3, Individual clinician	**2.2**	I really think that this would be much clearer if it was split in 2 completely separate sections- one for HDR and one for LDR as they are very different. "If an air pocket or seroma are present, treatment is either delayed until resolution or the air or fluid is removed by aspiration under ultrasound guidance. The catheter is connected to a computer-controlled high dose rate machine…." Just a comment - I have never heard of an air-pocket or fluid being removed by aspiration. I am not saying it isn't true, but I think it would be wise to check. I also feel the discussion about studies being very selective, portrays it in a negative way, I think we should be encouraging careful selection of patients for this treatment in order to improve outcomes.	There is not enough space in the guidance document to include a detailed description of HDR and LDR brachytherapy. The overview will be amended to clarify that they are different. Advice from Specialist Adviser: "The general procedure is to wait few days for the air/seroma to resolve. If significant amount still left a decision needs to be made if the situation can be salvaged. In the UK protocol aspiration under U/S guidance is not mentioned (there is s risk of balloon rupture). However I think that abroad in experienced centres can be done." IPAC could consider amending the overview to "If an air pocket or seroma are present, treatment is usually delayed until resolution." This statement was included in the overview to assist the Committee in interpreting the evidence presented in the tables. It is not mentioned in the guidance.