

National Institute for Health and Care Excellence

Medical technologies evaluation programme

MT568 Magtrace and Sentimag system for locating sentinel lymph nodes for breast cancer

Consultation comments table

Final guidance MTAC date: 22nd July 2022

There were 2 consultation comments from 2 consultees:

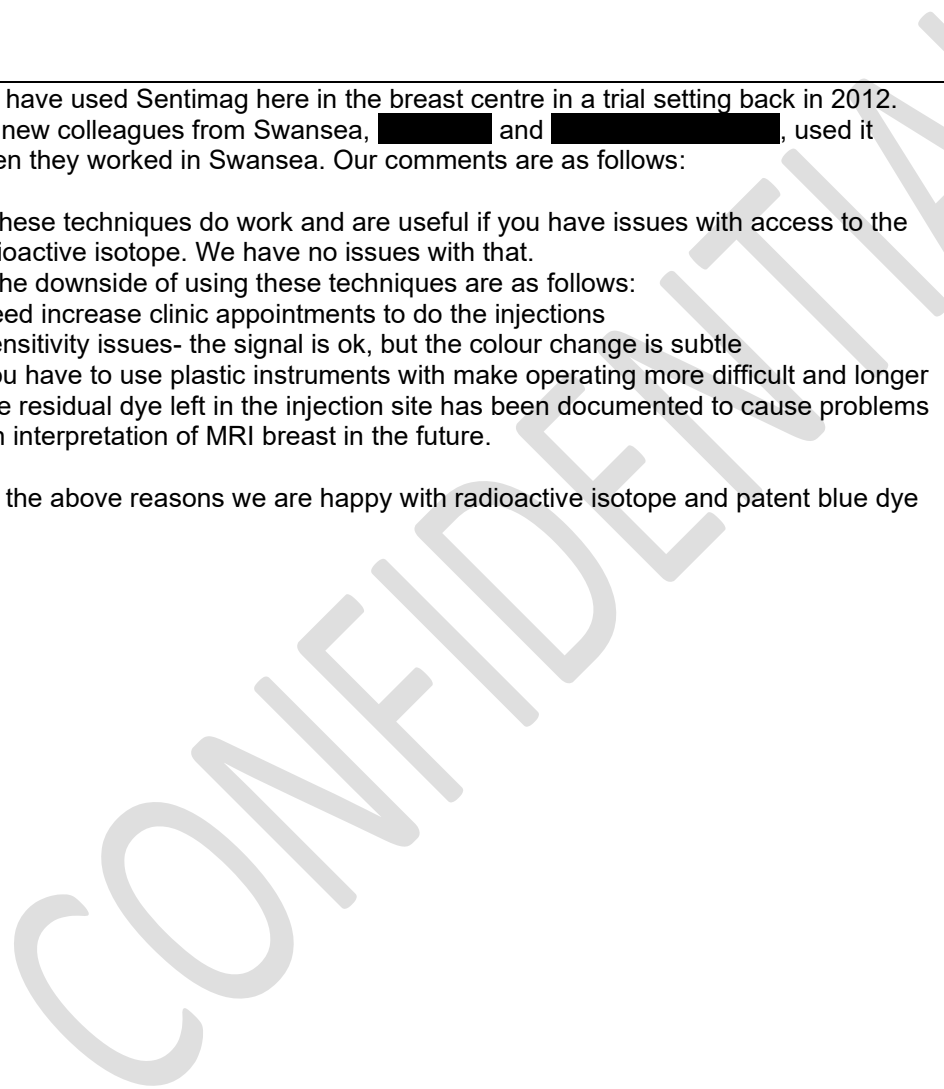
- 1 comment from a company representative
- 1 comment from a healthcare professional

#	Consultee ID	Role	Comments	Response
1	1	Company	<p>The company welcomes NICE's positive recommendation for Magtrace (GID-MT568). Magtrace has been used in over 100,000 sentinel lymph node biopsies and involved in clinical trials involving more than 7,000+ patients. The company agrees with NICE that both the clinical case of non-inferiority of Magtrace to Tc99+Blue dye has been established, as well as the health-economic case for Magtrace.</p> <p>The health-economic case, demonstrated by both the company model and the adapted NICE model, show that adoption of Magtrace would be cost saving. All NHS Trusts experience some difficulty accessing radioisotopes, whether they have nuclear medicine on site or not, such as Monday morning operating lists or when hospitals have to rely on supply from another trust. As such we think that the scope of the recommendation should be broadened to include all hospitals that perform sentinel lymph node biopsy procedures in breast cancer patients.</p>	<p>Thank you for your comment.</p> <p>The committee discussed the cost analysis of Magtrace and Sentimag compared with standard care. It identified that the expected potential cost savings depend on the opportunity costs being realised by hospitals in practice. Clinical expert advice from professionals working in a range of NHS hospitals with varying access to the radioisotope, suggested that hospitals with limited or no access to radiopharmacy are more likely to realise the opportunity costs that make this technology a cost saving option. These centres are more likely to realise the efficiency gains related to theatre scheduling and reduced supply chain issues.</p>

Collated consultation comments: Magtrace and Sentimag system for locating sentinel lymph nodes for breast cancer

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				<p>The committee acknowledge in section 4.7 of the guidance that Magtrace and Sentimag could also be an option for some hospitals with on-site radiopharmacy that still have challenges with theatre scheduling or experience delays.</p>
2	2	Healthcare professional	<p>We have used Sentimag here in the breast centre in a trial setting back in 2012. My new colleagues from Swansea, [REDACTED] and [REDACTED], used it when they worked in Swansea. Our comments are as follows:</p> <p>1)These techniques do work and are useful if you have issues with access to the radioactive isotope. We have no issues with that.</p> <p>2)The downside of using these techniques are as follows:</p> <ul style="list-style-type: none"> - need increase clinic appointments to do the injections - sensitivity issues- the signal is ok, but the colour change is subtle - you have to use plastic instruments with make operating more difficult and longer - the residual dye left in the injection site has been documented to cause problems with interpretation of MRI breast in the future. <p>For the above reasons we are happy with radioactive isotope and patent blue dye</p>	<p>Thank you for your comment.</p> <p>The committee heard from the clinical experts that Magtrace would usually be administered at a prior routine appointment up to 30 days before surgery (see section 4.2 of the guidance). The External Assessment Centre’s (EAC) economic model added the cost of injecting Magtrace at a separate clinical appointment. Using the EAC model, Magtrace and Sentimag is still cost saving compared with the dual technique.</p> <p>Section 2.1 of the guidance describes Magtrace as both a magnetic marker and a visual dye. The committee heard from the clinical experts that Magtrace is primarily intended to be used as a magnetic tracer and detected by the Sentimag probe. Although Magtrace can also act as a visual dye due to its dark brown colour, the Sentimag probe uses sounds of different pitches to indicate how close the surgeon is to the magnetic tracer.</p> <p>The committee were presented with comments from experts on the impact of using plastic instruments. They understood that surgeons may need to get used to the single use, disposable forceps and retractors required. One expert stated that some surgeons may have reservations about using plastic instruments. The committee also heard that experienced surgeons can avoid the need for alternative instruments altogether. The committee concluded that surgeons may need to use alternative surgical instruments and this may take some time to get used to, but with experience it does not add significant time to the procedure or</p>



				<p>the use of such instruments can potentially be avoided altogether (see section 4.9 of the guidance).</p> <p>Six of the included clinical studies noted that future MRI imaging can be affected by artefacts. The committee acknowledged that future MRI of the breast could be affected by residual Magtrace that remains in the body after a sentinel lymph node biopsy procedure, so Magtrace should be carefully considered for people who are likely to need follow-up MRI studies (see section 4.3 of the guidance).</p>
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