



# Resource impact summary report

Resource impact

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NICE has recommended Magtrace and Sentimag as an option to locate sentinel lymph nodes for breast cancer in hospitals with limited or no access to radiopharmacy.

Further data collection is recommended to monitor the number of additional sentinel lymph node biopsies done in each hospital after the technology is adopted in clinical practice.

Around 48,000 new cases of breast cancer are diagnosed each year in England. Of these around 37,600 are eligible for sentinel lymph node biopsy (SLNB) in line with [NICE's guideline on early and locally advanced breast cancer](#). It is estimated that around 28,600 SLNB procedures are performed each year in England (NHS Digital, HSCIC, 2022).

Adoption of the Magtrace and Sentimag medical technology is likely to depend on local practice therefore any potential resource impact should be considered at that level.

Magtrace costs £226 per unit (excluding VAT) and the Sentimag probe costs £24,900 (excluding VAT). The company will provide NHS trusts with the Sentimag system for free if they enter a consumables commitment of 100 to 120 units per annum over 3 years. The company has processes in place including the presence of company representatives for the first few procedures to support clinicians. Also, online resources and surgical footage are available, as well as an annual retraining session for sites who commonly use the technology.

Magtrace and Sentimag is simple to store and enables radiation-free SLNB and can be injected at any time from a few minutes up to 30 days before surgery. Therefore, it may remove the use of Technetium-99m injection that is administered on the day of surgery, ensuring more efficient use of staff and facilities by making it possible for surgery to start earlier in the morning and eliminating the time the patient has to wait for an injection on the day of the procedure. Also, it reduces the risk that surgery is cancelled or delayed at short notice, either because of disruption to the supply of Technetium-99m or because of a shortage of nuclear medicine staff. Therefore, it may allow additional procedures to be performed because it is not bound by delivery and preparation of T-99m and injection on the day of surgery. Economic evidence suggests this improved flexibility is associated with a capacity related opportunity cost that makes it a cost saving treatment option compared to standard practice.

Clinical expert advice suggested that hospitals with limited or no access to radiopharmacy are more likely to realise the opportunity costs that make Magtrace a cost saving treatment option. However, the committee acknowledged that Magtrace could also be an option for hospitals with on-site radiopharmacy but who have challenges with theatre scheduling or experience delays.

Integrated care systems commission SLNB for breast cancer. Providers are NHS hospital trusts.