The Royal College of Radiologists

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Andy McKeon
Vice Chair
National Institute for Health and Care Excellence
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15 September 2017

Dear Mr McKeon,

Appeal against NICE Final Appraisal Determination on "Intrabeam radiotherapy system for adjuvant treatment of early breast cancer"

The Royal College of Radiologists, together with Independent Cancer Patients' Voices and the National Clinical Research Institute (NCRI) Breast Clinical Studies Group is hereby submitting an appeal against NICE's Final Appraisal Determination on the use of the Intrabeam radiotherapy system for adjuvant treatment of early breast cancer on the following grounds:

Ground 1
In making the assessment that preceded the recommendation NICE has failed to act fairly.

Ground 2
NICE has made recommendations without sufficient evidence to support them.

Ground 1: In making the assessment that preceded the recommendation NICE has failed to act fairly

a) **NICE based its judgment on incomplete evidence**
There was a failure of procedure by the Appraisal Committee (AC) at the final consultation resulting in a serious factual inaccuracy in the Final Appraisal Determination (FAD) for the Multiple Technology Assessment (MTA), Section 4.2. This states: "A clinical expert confirmed that local recurrence is not related to an increased risk of metastatic disease or mortality".

This statement as it stands is inaccurate because it is incomplete. It is correct only in a small, highly selected group of older women (60 years or above) with very low risk breast cancer (small, low grade, oestrogen receptor positive and node negative). The current FAD, if enacted, would allow for treatment of patients outside the low risk category with Intrabeam, potentially leading to avoidable excess mortality from breast cancer.

b) **NICE published misleading information about its processes around this FAD**
A misleading statement (hyperlink below) was published on the NICE website at the commencement of the second consultation period. This clearly gave the impression that NICE had already determined the outcome. Such publication implied that its consultative processes would therefore be futile.

https://www.nice.org.uk/news/article/nice-recommends-controlled-use-of-targeted-breast-cancer-radiotherapy-treatment-alongside-further-research

Ground 2: NICE has made recommendations without sufficient evidence to support them

a) As described above (Ground 1a), the AC took clinical evidence out of context, with potentially dangerous consequences for patients. This means that in the FAD the risks, including avoidable breast cancer deaths, of implementing Intrabeam technology are significantly underestimated. In fact, it has been established by the EBCTCG meta-analysis Effect of radiotherapy after breast-conserving surgery on 10-year recurrence and 15-year breast cancer death: meta-analysis of individual patient data for 10,801 women in 17 randomised trials. Early Breast Cancer Trialists' Collaborative Group (EBCTCG), Darby S, McGale P, Correa C, et al. Lancet. 2011 Nov 12;378(9804):1707-16.) that, for every four local recurrences, one breast cancer death occurs. There is no evidence from the AC process that increased mortality has been factored into either the clinical or the economic analyses.

b) A Freedom of Information request made to all NHS Trusts and NHS Foundation Trusts in England in February 2016 requested *"The number of early breast cancer cases treated at the Trust with TARGeted Intraoperative Radiotherapy (also known as Intrabeam or TARGIT IORT) for each year from January 2000 to the date of this request. Please identify the number which were delivered as part of a clinical trial and the number which were delivered as treatment which was not part of a clinical trial."* The results from this request reveal five organisations have used Intrabeam – and only three continue to do so since the closure of the trial. The total number of patients treated is just 69. This is a trivial case volume. It is therefore unrealistic to expect this to develop the national data set as prescribed in the AC's recommendation/FAD.

In conclusion, our organisations dispute the recommendations made by NICE in relation to the Intrabeam device, and are concerned about the adverse consequences of the FAD for patients.

Yours sincerely

Dr Jeanette Dickson
Vice-President, Clinical Oncology

For and on behalf of:

Independent Cancer Patients' Voices

National Clinical Research Institute, Breast Clinical Studies Group