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the breast cancer support charity

19th December 2013

Dear

Please accept Breast Cancer Care's submission on the MTA INTRABEAM Photon Radiosurgery System for the adjuvant treatment of early breast cancer.

If you require any further information please contact me.

Kind regards

Jackie Harris
Clinical nurse specialist

Royal Patron HRH The Duchess of Kent GCVO
Patrons Baroness Bakewell DBE; Cherie Booth CBE QC; Geri Halliwell; Allan Leighton; Prof Trevor J Powles CBE; Prof Ian Smith.
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MTA INTRABEAM Photon Radiosurgery System for the adjuvant treatment of early breast cancer

Patient/carer representative

Breast Cancer Care is the UK's leading provider of information, practical assistance and emotional support for anyone affected by breast cancer. For over 30 years we have brought people together, provided information and support, and campaigned for improved standards of care. We use our understanding of people's experience of breast cancer and our clinical expertise in everything we do.

Our vision is that every person affected by breast cancer will get the best treatment, information and support throughout their experience of breast cancer. We reach many thousands of people every year through a wide range of services, including one to one telephone peer support provided by our many volunteers. We also work closely with health and social care professionals to support the delivery and planning of excellent patient care.

Benefits

Breast Cancer Care welcomes this appraisal. However we appreciate that this technology only applies to a small select/suitable group and not to all women requiring radiotherapy following breast conserving surgery for early breast cancer.

We frequently hear from women with breast cancer using our services, about their concerns about having whole breast radiotherapy:

- Practical implications – length of time, care of children, travel to and from hospital, use of hospital transport – early pick up and late return home, accommodation (due to distance) which can create a feeling of loneliness and isolation and work commitments
- Cost implications – bus, train, taxi, parking daily (5/7) for 3-5 weeks and fuel costs
- Side effects – fatigue

These concerns will not be an issue for those suitable to receive the Intrabeam Photon Radiosurgery System as a single treatment modality during their surgery. This will have a positive health-related benefit, by avoiding any further inconvenience, cost and morbidity that women experience from having whole breast radiotherapy. This will enable these women to move forward and recover sooner following their treatment.

We know form our users how radiotherapy to the breast can be troublesome, with skin reactions causing pain and discomfort and in some situations delaying the completion time of treatment. Technical issues with the linear accelerators affecting their treatment schedules and delaying completion times, which can cause a lot of stress and anxiety, as this will impact on their lives and possible a cost implication due to delay in returning back to work and can create additional concerns about recurrence of the cancer. Being eligible to have the single dose treatment of the INTRABEAM Photon Radiosurgery System, there won't be any ongoing technology concerns or set backs and the side effects are likely to less for the majority.

Concerns

Although Breast Cancer Care welcomes this appraisal, we are concerned about the two different methods of delivery - as an alternative to whole breast radiation or as boost before whole breast radiation - being clearly explained to the patient prior to surgery, so they are fully informed before giving consent.

We know from women using our services that there can be confusion and concern when they learn that they need further treatment (and in some cases when they don't need as much treatment), exacerbating their fears and anxiety about recurrence and prognosis. There needs to be clear information given to the patients prior to surgery, about the possibility of the additional external beam radiotherapy to the whole breast which is dependent on the histology/pathology analysis/report. The guidance must highlight the importance of providing clear and through information prior to the patient agreeing to be considered for the single dose treatment.

Breast Cancer Care believes a clear description of the select/suitable group of who will eligible for this treatment modality (Vaidya 2013) should be outlined in the guidance.

We believe it is important to continue to collate the data on those who have been treated with INTRABEAM in both modalities (as an alternative to whole breast radiation and in addition to whole breast radiation), so we can continue to learn more about the benefits and risks of the INTRABEAM system and whether there is a long term benefit to the outcomes being measured. The guidance must be clear in requesting clinicians to collect this information.

Vaidya J S et al (2013) Risk-adapted targeted intraoperative radiotherapy versus whole-breast radiotherapy for breast cancer: 5-year results for local control and overall survival from the TARGIT-A randomised trial. *The Lancet vol 382 Published online November*