National Institute for Health and Care Excellence
Centre for Health Technology Evaluation

Pro-forma Response

Executable Model

INTRABEAM Photon Radiotherapy System for the adjuvant treatment of early or locally advanced breast cancer [ID618]

The economic model enclosed and its contents are confidential and are protected by intellectual property rights, which are owned by **Southampton Health Technology Assessment Centre (SHTAC), University of Southampton.** It has been sent to you for information only. It cannot be used for any other purpose than to inform your understanding of the appraisal. Accordingly, neither the model nor its contents should be divulged to anyone other than those individuals within your organisation who need to see to them to enable you to prepare your response. Those to whom you do show the documents must be advised they are bound by the terms of the Confidentiality Acknowledgement and Undertaking Form that has already been signed and returned to the Institute by your organisation.

You may not make copies of the file and you must delete the file from your records when the appraisal process, and any possible appeal, are complete. If asked, you must confirm to us in writing that you have done so. You may not publish it in whole or part, or use it to inform the development of other economic models.

The model must not be re-run for purposes other that the testing of its reliability.

Please set out your comments on reliability in writing providing separate justification, with supporting information, for each specific comment made. Where you have made an alteration to the model details of how this alteration was implemented in the model (e.g. in terms of programme code) must be given in sufficient detail to enable your changes to be replicated from the information provided. Please use the attached pro-forma to present your response.

Please prepare your response carefully. Responses which contain errors or are internally inconsistent (for example where we are unable to replicate the results claimed by implementing the changes said to have been made to the model) will be rejected without further consideration.

Results from amended versions of the model will only be accepted if their purpose is to test robustness and reliability of the economic model. Results calculated purely for the purpose of using alternative inputs will not be accepted.

No electronic versions of the economic model will be accepted with your response.

Responses should be provided in tabular format as suggested below (please add further tables if necessary).

April 2014

Issue 1 JH May 2014

Description of problem	Description of proposed amendment	Result of amended model or expected impact on the result (if applicable)
8. Conclusion Service Implications Significant training for staff (non surgical) Looking at SHTAC submission Tables 27 & 28 The staffing grades for the non surgical staff seem appropriate however we consider that a therapeutic radiographer should be involved in the pathway of care and delivery of this treatment * the profession specific could be different but the grades would be the same I would not consider the training burden outlined by SHTAC to be described as considerable. The availability of the workforce would be a bigger factor.	No sure what amendment we would suggest except that its important to highlight that the non surgical radiotherapy team would have already been trained in the core requirements of radiotherapy, and therefore would only require technical updating in the process and practice associated with this procedure. The principles of radiotherapy remain consistent. * Therapeutic radiographers are not mentioned in the staff categories and are core staff integral to the delivery of high quality radiotherapy. This could be a role for an advanced practitioner in supporting the surgical team and the MDT. The pathway for these patients should be developed as for other MDT cancer pathways to ensure appropriate information patient support and care, pre- and post treatment.	Insert ICER resulting from amended model. If the model has not been re-run, if appropriate, describe your expectations of how the problem might have an impact on the result

Issue 2

Description of problem	Description of proposed amendment	Result of amended model or expected impact on the result (if applicable)
2. Current service provision For accuracy Data from NHS Breast Screening audit 2011 2012	This data should be validated	Insert ICER resulting from amended model. If the model has not been re-run, if appropriate, describe your expectations of how the problem might have an impact on the result

….some Trusts are struggling to meet 31 day standard		

Issue 3

Description of problem	Description of proposed amendment	Result of amended model or expected impact on the result (if applicable)
5 Economic Analysis Societal perspective (p66) Whilst the societal issues presented in Shah and Colleagues (USA) Carl Zeiss submission (p81) Costs for UK travel and parking had not been included in EBRT estimations Travel and time associated with EBRT in UK are of concern	Information to be gained from NHS England regarding travel times (capacity and demand review)	Insert ICER resulting from amended model. If the model has not been re-run, if appropriate, describe your expectations of how the problem might have an impact on the result

(please cut and paste further tables as necessary)