



June 2022

Dear Constituent,

Thank you for contacting me about breast cancer. Please be assured that every effort is being made to continue raising awareness of breast cancer and to improve the treatment of all those diagnosed with this disease.

I want to provide reassurance that reducing waiting times for cancer treatment, including for breast cancer, is an urgent priority for the Government. As part of the 2021 Spending Review, £2.3 billion was allocated to improve diagnostic capacity over the next three years.

The Government is committed to rolling out at least 100 Community Diagnostic Centres (CDCs), which will be new one-stop-shops for checks, scans and tests, helping those with suspected breast cancer to access earlier diagnostic tests closer to home.

In addition, NHS England and Improvement is asking local health services to focus on reducing the number of people waiting over 62 days on cancer pathways.

The Government is committed to ensuring that as many people are diagnosed to breast cancer within 28 days from GP referral. A new 10 Year Cancer Plan is being developed, with a key priority being to drive earlier diagnosis, including through meeting the FDS and joint awareness campaigns with patient groups like Breast Cancer Now.

I am aware that some NHS services, including screening appointments for breast cancer, have, in some areas, were slowed down or paused to enable resources to be redeployed to tackle Covid-19. While I know that this may be concerning, anybody who displays any symptoms, or has concerns, should still make contact with their GP.

I will continue to work with my colleagues at the Department of Health and Social Care to ensure that screening services are prioritised to help people to get the care that they need. I will continue to monitor this issue closely.

The NHS's Breast Screening Programme in England offers all women between the ages of 50 and 70 the opportunity to be screened every three years for breast cancer. These screenings play a key part in the early diagnosis of breast cancer, which is central to the Government's ambition of achieving world-class cancer outcomes.

I completely understand concerns about the availability of breast reconstruction for women recovering from breast cancer. For many, this is an absolutely essential part of their recovery, and I am encouraged to hear that NHS England is working closely with local providers to ensure consistent care is available to all women in the country, in line with the guidance from the NHS's Clinical Expert Group for Breast Cancer. I also welcome that the NICE guidance on breast cancer contains detailed guidelines for breast reconstruction.

I recognise the indispensable contribution made by charities in driving forward research into breast cancer, with Breast Cancer Now currently funding £26 million worth of projects and Cancer Research UK spending £45 million on breast cancer over the last financial year.



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The drug approval process in the UK is extremely rigorous, in order to ensure that treatments provided to patients are safe, as well as being effective. All treatments are required to undergo stringent clinical trials, licensing, and appraisal by the National Institute for Health and Care Excellence (NICE) before being made available on the NHS.

NICE has published guidance that recommends abemaciclib (also known as Verzenio) as treatment for advanced breast cancer. This follows an improved patient access scheme from the company taken together with further economic modelling data provided. These developments mean that abemaciclib can be recommended as a cost-effective use of NHS resources.

For further information on this, you can find the guidance here: <https://www.nice.org.uk/guidance/TA725>

I understand the frustration that Sacituzumab Govitecan, also known as Trodelvy, is not yet available in our country. On 7th April 2022, NICE issued draft guidance which acknowledged that whilst Trodelvy increases survival compared with chemotherapy, it is considered too expensive to be made available on the NHS at the moment.

In announcing the decision, Helen Knight, the Interim Director of Medicines Evaluation at NICE stated:

“Because sacituzumab govitecan is a highly effective treatment and given the lack of treatment options for people with this type of breast cancer, we’re very disappointed that its price means we can’t recommend it for use in the NHS at this point.

We hope that the company will consider what it can do to enable NICE to approve a treatment that has the potential to give people with advanced triple negative breast cancer more time with their loved ones.”

I fully appreciate how disappointing this decision will be. A consultation was held earlier this year and a final response is expected in August. For further details on the consultation, I would encourage to visit the following address:

<https://www.nice.org.uk/guidance/indevelopment/gid-ta10829/consultation/html-content-2>

Thank you again for taking the time to contact me.

Yours faithfully,

CHRIS HEATON-HARRIS MP
MEMBER OF PARLIAMENT FOR DAVENTRY