



DEBATE PACK

Number CDP 2018-0223 , 17 October 2018

The future of breast cancer

By Dr Sarah Barber,
Thomas Powell & Alex
Adcock

Summary

A debate on the future of breast cancer is scheduled for Thursday 18 October at 1.30pm in Westminster Hall. Laura Smith MP will open the debate.

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The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

1. Summary

A debate on the future of breast cancer is scheduled for Thursday 18 October at 1.30pm in Westminster Hall. Laura Smith MP will open the debate.

1.1 Breast cancer treatment

There are many different breast cancer drugs and treatments, depending on how advanced and quickly developing the cancer is, whether it is recurring after first treatment and whether it has spread to other parts of the body. If breast cancer has spread to other parts of the body, such as the liver or bones, this is known as secondary breast cancer (also known as metastatic breast cancer or [stage 4 breast cancer](#)).

The staging system normally used in breast cancer is called TNM, which stands for tumour, node, and metastasis. TNM staging takes into account the size of the tumour, whether the cancer has spread to nearby lymph nodes, and whether it has spread to other parts of the body (metastasis). Information on the stage and grade of the cancer is important because it helps determine the best treatment for the individual patient.

Breast cancer drugs are typically used in conjunction with other treatments, such as surgery and radiotherapy. As well as the staging of the cancer, the drug treatment recommended might depend on what other treatment had already been carried out and a number of other factors including a patient's general health, and whether they have had the menopause (oestrogen can stimulate some breast cancer cells to grow so some treatments aim to stop the ovaries making oestrogen). Drugs can also have a number of different effects depending on an individual's circumstances, for example a drug might be used to reduce the size of a tumour before surgery, to prevent cancer from coming back after treatment, or to control or slow cancer growth. Broadly, cancer drugs, include chemotherapies, hormone therapies and biological therapies:

- Chemotherapy; there are a number of different chemotherapy drugs used for breast cancer of often patients will receive a combination of 3 chemotherapy drugs together.
- Hormone Therapy; hormone treatments for breast cancer typically lower the levels of oestrogen and progesterone in the body, or block their effects.
- Biological therapy, such as trastuzumab (Herceptin), treats cancer using substances that change cell processes.

Further background on breast cancer treatment can be found on the [Cancer Research UK website](#)

NHS England has established 19 Cancer Alliances across the country to bring together local clinical and operational staff from providers and other healthcare, to improve care and treatment for all people with cancer, including breast cancer.

The Government has also committed to rolling out stratified follow-up pathways for breast cancer patients by 2020, to ensure patients get the right care after treatment, including information and support to spot signs and symptoms of recurrence or secondary cancer.

1.2 Access to breast cancer drugs

The process for the assessment of drugs' clinical effectiveness and value for money varies in different parts of the UK. In England, the National Institute of Health and Care Excellence (NICE) produces guidance about which drugs should be available on the NHS. They look at how effective a drug is and how much it costs (called Technology Appraisals). Local health bodies must make arrangements to fund drugs that have been approved by NICE. Details of NICE clinical guidance and technology appraisals relating to breast cancer treatment are available [here](#).

In 2017 NHS England announced agreements on Commercial Access Agreements with the manufacturers of Pertuzumab and Kadcyra. This brought the confidential purchase prices below the National Institute for Health and Care Excellence cost-effectiveness threshold, allowing approval in routine commissioning of these drugs by NHS England for the treatment of certain forms of breast cancer.¹

1.3 Public awareness and screening

The breast screening programme was started in 1988. It originally invited women aged 50 to 64. Following pilots in the late 1990s screening was extended for women aged up to 70 between 2001 and 2006 in line with the NHS Cancer Plan. The 2007 Cancer Reform Strategy outlined plans to extend the age range of breast screening to offer screening to all women aged 47-73 years in England from 2012. However, to gather as much evidence as possible on screening the extended age ranges, the decision was taken for the extension to become a randomised controlled trial (AgeX).²

On 2 May 2018 the Secretary of State for Health and Social Care reported to Parliament a serious failure in the national breast screening programme in England and announced an independent review to investigate.³ Lynda Thomas, chief executive of Macmillan Cancer Support, and Professor Martin Gore, consultant medical oncologist and professor of cancer medicine at the Royal Marsden, have been appointed as independent chairs and Peter Wyman from the Care Quality Commission has been appointed as the Vice Chair. The terms of reference have been published alongside a Written Ministerial Statement ([HCWS731](#)) that provided an update on this issue on 4 June 2018. The review is due to report in November 2018.

¹ NHS England, [NHS England strikes new deals to make two new innovative treatments available routinely on the NHS](#), 9 November 2017

² Further information is available at the following link: <http://webarchive.nationalarchives.gov.uk/+/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance>

³ [Oral Statement from Secretary of State for Health and Social Care: Breast Cancer Screening, 2 May 2018](#)

To improve the uptake of screening, NHS England is supporting initiatives including text and GP reminders and Public Health England's (PHE) new 'Breast screening: easy guide', which helps women decide whether screening is right for them. In February 2018, in partnership with the Department and NHS England, PHE launched a [Be Clear on Cancer Campaign focused on Breast Cancer in women aged over 70](#) to raise awareness of specific symptoms and encourage those with symptoms to visit their doctor.

1.4 Geographical inequalities

In February 2018 the All-Party Parliamentary Group (APPG) on Breast Cancer published the final report of its inquiry into geographical inequalities in breast cancer diagnosis, treatment and care across England.⁴

The inquiry found that, based on where they live in England, a woman with breast cancer may be:

- More than twice as likely to die from breast cancer under the age of 75 than a woman treated in a different area
- A third less likely to have attended breast cancer screening in the last three years compared to a woman living in another part of the country.⁵

The report made three key recommendations:

National and local workforce planning is essential

Health Education England and all Cancer Alliances should urgently ensure there are enough healthcare professionals to deliver high-quality and timely diagnosis, treatment and care to local women.

New NHS structures need to improve the consistency, transparency and accountability of cancer services

NHS England should work with local NHS bodies to enable women with breast cancer to access the treatment and care they could benefit from, at a price the NHS can afford. This includes medicines, measures to preserve patients' fertility, appropriate breast reconstruction services, and psychological support.

Effective collection and use of data will drive service improvement

NHS England should work with local NHS bodies to collect data and use it to improve the services they provide. They should compare their performance to other areas and share ideas that have successfully improved breast cancer care in their area. Local healthcare providers should also use data about their populations to make sure they are offering the services that are needed in order to swiftly prevent, diagnose and treat breast cancer.

The charity [Breast Cancer Now](#) is also campaigning to end what it describes as the postcode lottery in breast cancer treatment.

⁴ APPG on Breast Cancer, [A Mixed Picture: An Inquiry into Geographical Inequalities and Breast Cancer](#), February 2018

⁵ *Ibid.*

The Government set out measures the NHS was taking to address issues raised in the report in a PQ response:

NHS England is committed to transforming cancer care for all cancers, including breast cancer, across the country, and to reducing inequality and promoting equity of access to services. The report recommends improving the use of data: NHS England and Public Health England (PHE) have set up the Cancer Alliance Data, Evidence and Analysis Service, to help drive evidence-based local decisions in the delivery of improved cancer outcomes, using a whole pathway and cross-organisational approach.

On workforce, NHS England is working closely with Health Education England (HEE) following publication in December of the cancer workforce plan, and Cancer Alliances will work with their local HEE offices and regional teams to produce local plans.

On early diagnosis, PHE has launched the 'Be Clear on Cancer' Campaign to raise awareness of specific symptoms and encourage those with symptoms to visit their doctor. The latest campaign, launched on 22 February, focuses on breast cancer in people aged over 70.

To improve the uptake of screening, we are continuing to invest in initiatives to help ensure equality of access, including through locally targeted interventions. PHE has produced a new 'Breast screening: easy guide', and this, along with other initiatives such as text and general practitioner reminders, are examples of some of the ways which we are getting the information through to women so they can decide whether screening is right for them.⁶

The commissioning and provision of screening, outlined in the [national service specification for breast screening](#), also requires providers to work with local authorities and other stakeholders to develop plans to address uptake and inequalities.

1.5 Cancer Strategy for England

The independent cancer taskforce's five-year strategy for cancer, [Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020](#) was published in July 2015. The strategy included 96 recommendations for improvements across cancer treatment, support and research, with the aim of improving survival rates, awareness and the quality of care people receive. The main priorities set out by the Taskforce were:

- Improvements to public health
 - This included plans to reduce smoking rates, and implement national strategies on obesity and tobacco control.
- Earlier diagnosis
 - A shift towards faster testing and responding more quickly to patients who present with symptoms. A target that by 2020, 95% of patients referred by a GP will be definitively diagnosed and receive test results within four weeks.
- Greater emphasis on patient experience
 - Increasing the use of patient experience metrics, including

⁶ [PO131735, 13 March 2018](#)

through the annual Cancer Patient Experience Survey. A target that all patients should have online access to test results and communications by 2020.

- Improved support for people living with and beyond cancer
 - **All patients** should have access to the 'Recovery Package' of support by 2020, as well as improved provision of end of life care.
- Investments in a high-quality service
 - **Improving access to new cancer treatments through the Cancer Drugs Fund**, replacing linear accelerators at the end of their life cycle, supporting cancer research, dealing with workforce pressures, and rolling-out a national molecular diagnostics service.
- New commissioning processes
 - **Setting of clearer expectations of how cancer services should be commissioned**, and the establishment of regional Cancer Alliances.

The strategy estimated that if the NHS fully implemented the measures recommended, an additional 30,000 patients per year may survive cancer for ten years or more by 2020, of which almost 11,000 would be through earlier diagnosis. The Government accepted all 96 of the report's recommendations. Implementation is being led by NHS England's National Cancer Transformation Board.

In May 2016 NHS England published an implementation plan for the cancer strategy, [Achieving World-Class Cancer Outcomes: Taking the strategy forward](#). This set out the support that local leaders in cancer will have from national initiatives and transformation programmes, to turn the cancer taskforce ambitions into reality. In particular it noted that Cancer Alliances, bringing together clinical and other leaders from across different health and care settings in a local community, will look at whole pathway data and information in the new Cancer Dashboard. The new integrated Dashboards will include survival, early diagnosis rates, and data on treatment outcomes, patient experience and quality of life.

NHS England have so far published two progress reports on the implementation of the strategy:

[Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020 – One Year On 2015-16 \(October 2016\)](#)

[Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020 – Progress Report 2016-17 \(October 2017\)](#)

[NHS England](#) has confirmed funding of over £600 million to support Cancer Alliances deliver the five year cancer strategy for all cancers. This includes:

- Transformation Funding to deliver improvements in early and faster diagnosis and quality of life for people living with and beyond cancer
- Core Funding to establish and maintain a team to support the new way of working led by the Alliance
- National Support Funding allocated in a way that helps to address regional variations in levels of funding and with the purpose of ensuring that all Alliances are supported to deliver the 2018/19 Planning Guidance priorities
- Dedicated support from a new analysis, evidence and data service
- A series of national Cancer Alliance events to share best practice and information across Cancer Alliances.

In December 2017, Health Education England published phase one of its [Cancer Workforce Plan](#), to deliver the cancer strategy to 2021. This identified seven priority areas for national action:

- Histopathology and health care scientists
- Gastroenterology
- Clinical radiology
- Diagnostic radiography
- Medical and clinical oncology
- Therapeutic radiology
- Cancer nurse specialists

Given the significant lengths of time to train in some of these areas (12 years for clinical radiologists, oncologists and histopathologists), immediate priority action focuses upon retention, including through developing flexible working, HEE focusing its return to practice programme on the priority areas, and international recruitment. A cancer staff forum will also be established across the seven areas, to address themes such as work/life balance and continuing professional development.

Addressing the Conservative Party Conference on 3 October 2018 the Prime Minister announced a new Cancer Strategy, which will form a central part of the forthcoming long-term plan for the NHS:

Half of us will be diagnosed with cancer. All of us know someone who has been. Survival rates are increasing, but we are lagging behind other countries. So today I can announce a new Cancer Strategy, funded through our 70th birthday investment, will form a central part of our long-term plan for the NHS. The key to boosting your chance of surviving cancer is early diagnosis. Five-year survival rates for bowel cancer are over 90% if caught early, but less than 10% if diagnosed late. Through our Cancer Strategy, we will increase the early detection rate from one-in-two today, to-three-in four by 2028. We will do it by lowering the age at which we screen for bowel cancer from 60 to 50. By investing in the very latest scanners. And by building more Rapid Diagnostic Centres – one stop-shops that help people get treatment quicker. This will be a step-change in how we diagnose cancer. It will

mean that by 2028, 55,000 more people will be alive five years after their diagnosis compared to today.⁷

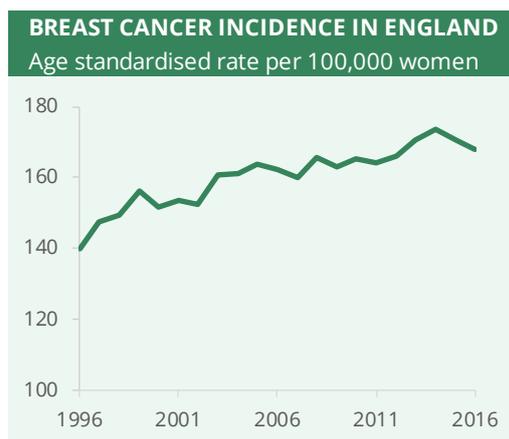
NHS England has a commitment to a maximum two-week wait to see a specialist for all patients referred for investigation of breast symptoms, even if cancer is not initially suspected (target: 93%). Further detail on cancer waiting time standards across the UK can be found in the Commons Library Debate Pack briefing on [NHS Cancer Targets](#) (30 April 2018).

1.6 Breast cancer statistics

Breast cancer incidence

Around 45,700 women were diagnosed with breast cancer in England in 2016, accounting for nearly one in three of all female cancer registrations. Breast cancer has been the most frequently diagnosed cancer in England since 1996.⁸

Over the past 20 years, incidence rates for breast cancer have shown an upward trend.



Source: [ONS Cancer Registration Statistics, England 2016](#)

Breast Cancer Survival

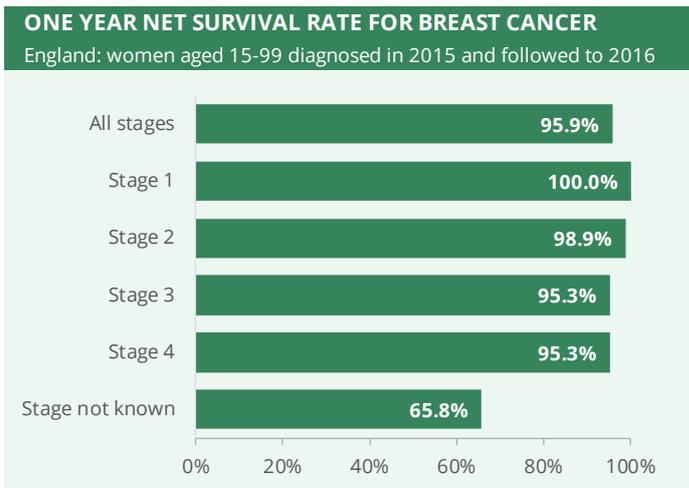
Incidence trends largely reflect changes in the prevalence of risk factors and improvements in diagnosis and data recording. Improvements in diagnosis and early treatment can impact on survival rates.

Breast cancer survival rates have improved over time. The latest estimates for England show that 96% of patients diagnosed between 2011 and 2015 and followed up to 2016 are alive one year after their diagnosis. The comparable figure for a decade earlier was 93%.

Part of this improvement is attributable to improved detection at an early stage of the cancer's development. One- year survival rates for women diagnosed with breast cancer in the earliest stage (stage 1) are now comparable to the general population of the same age who have not been diagnosed with cancer.

⁷ [Theresa May, the Prime Minister, speaking today at Conservative Party Conference at The ICC, Birmingham, 3 October 2018](#)

⁸ [ONS Cancer Registration Statistics, England 2016](#)



Source: [ONS Cancer Survival in England Patients followed up to 2016](#)

Expenditure

NHS Programme Budgeting data is no longer published so it is not possible to assess levels of NHS expenditure on breast cancer. Nor does the overall NHS England budget provide specific allocations for types of cancer.

In 2016/17 a total of £5.9 billion was spent by the NHS in England for treatment relating to all types of cancer.⁹

For all types of cancer, NHS England has confirmed funding of over £600 million from 2016/17 to 2020/21 to support delivery of the Five-Year Cancer Strategy.¹⁰

1.7 Cancer strategy in the devolved nations

The Scottish Government's cancer strategy, [Beating Cancer: Ambition and Action](#), was published in March 2016. The strategy contains over 50 actions to improve prevention, detection, diagnosis, treatment and after care for those affected by cancer, including funding for:

- radiotherapy equipment and to support radiotherapy recruitment and training
- better support for people with cancer and their families, for example, through Link Workers and other initiatives like Macmillan's Improving the Cancer Journey
- reducing inequalities in screening uptake
- improvements in surgical treatments
- swift access to diagnostics for people with suspected cancer

⁹ [PO 151135, 14 June 2018](#)

¹⁰ NHS England, [NHS England support and funding for Cancer Alliances](#) (accessed 17 October 2018)

- improvements across the palliative care sector and to support targeted action on training and education
- supporting waiting times performance

In November 2017 the Welsh Government launched a refresh of the Cancer Delivery Plan for Wales 2016-2020. The [refreshed cancer delivery plan](#) includes a focus on:

- prevention and early diagnosis
- fast and effective treatments
- meeting the needs of people and providing the best supportive cancer care

Information on cancer services in Northern Ireland can be found on the website of the [Northern Ireland Cancer Network](#).

2. Press articles

HSJ, 10 September 2018

[Exclusive: Leaked review reveals failings behind breast screening alert](#)

Independent, 4 June 2018

[Woman cured of advanced breast cancer using own immune cells in 'exciting' global first](#)

HSJ, 2 May 2018

[Updated: Hunt launches review after 450,000 breast screenings missed due to IT failure](#)

NHS England, Blog, 6 April 2018

[Game changers in breast cancer treatment](#)

Belfast Telegraph Online, 13 March 2018

[Hopes for new targeted treatments as scientists link 100 genes to breast cancer](#)

BMJ, 6 July 2018

[Targeted breast screening could reduce overdiagnosis and be more cost effective, study finds](#)

BMJ, 14 March 2018

[Cancer inequalities endure despite NHS reforms](#)

Independent, 7 February 2018

[Potential key to halting breast cancer's spread discovered by scientists](#)

BMJ, 16 November 2017

[NICE recommends routine NHS funding for new breast cancer drugs](#)

Guardian, 23 Oct 2017

[Breast cancer study uncovers new genetic variants for increased risk](#)

3. Press releases

Breast Cancer Now, [UK breast cancer deaths 'set to rise by 2022', new analysis shows](#), 28 September 2018

- A news article from Breast Cancer Now, related to their own research suggesting that the number of UK women dying from breast cancer is due to rise within four years.
- The research itself is explained further in the news article.
- Breast Cancer Care also commented on these results: see [Future projections for number of UK women dying from breast cancer](#), 28 September 2018

Breast Cancer Now, [New DNA 'shield' with crucial roles in normal cell division, the immune system and cancer discovered](#), 18 July 2018

Cancer Research UK, [Computer simulation suggests risk-based breast screening could have benefits](#), July 6 2018

Cancer Research UK, [Breast cancer gene test could spare some women chemo](#), 3 June 2018

Institute of Cancer Research, [New 'triple therapy' could boost treatment and prevent relapse of advanced breast cancer](#), 3 July 2018

NHS England, [NHS England strikes new deals to make two new innovative treatments available routinely on the NHS](#), 9 November 2017

- A press release about deals struck to provide treatments for Multiple Sclerosis and breast cancer routinely via the NHS

NHS England, [NHS England strikes deal to make innovative breast cancer drug routinely available on the NHS](#), 15 June 2017

- A press release about a deal struck with Roche to make the breast cancer drug Kadcyla available for routine use on the NHS

4. Parliamentary material

4.1 Statement

[Breast Cancer Screening Update](#)

Mr Jeremy Hunt: On 2 May 2018 I informed the House of a serious failing in the national breast screening programme in England, which resulted in thousands of women aged between 68 and 71 not being invited to their final breast screening between 2009 and May 2018. This statement provides an update on the specific commitments I made in my oral statement and the actions we are now taking to support those affected and prevent similar incidents from happening in the future.

First, in my original statement, I committed that the NHS would offer an appointment for screening to all women who missed their scheduled appointment as a result of this error, and that we would provide clear information and advice for anyone with concerns. I asked Public Health England to work with the NHS to contact women who missed their screening by the end of May. I can now confirm that Public Health England met this deadline by 18 May, contacting 195,565 women registered with a GP in England. In addition, all the affected women known to have moved to Scotland, Wales or Northern Ireland were also written to by 1 June 2018.

The result of this is that as of 1 June 2018, 26,774 women have now received an appointment for screening, with hundreds already screened. I am providing detailed information on how many women have been contacted in each English constituency, alongside the confirmation that we have written to all those women now registered with a GP in one of the devolved administrations - 503 women in Scotland, 94 women in Wales and 72 women in Northern Ireland. In addition, a dedicated helpline was established on 2 May 2018 to support women who may have concerns. This helpline operates from 8am to 8pm, 7 days a week, and has received over 46,000 calls.

Second, I made clear that no one would face delays to their routine screening as a result of the NHS catching up on these additional appointments. I can confirm that, over the last 4 weeks, the NHS has put in place an additional 68,000 screening appointments nationally and is on track to ensure that all women affected who want a screen will be seen by the end of October, without impacting on other patients. I want to put on record my enormous gratitude to clinical staff who have worked tirelessly to offer additional appointments and to management teams who have co-ordinated and pooled their resources across different centres, or looked to other private providers, to expand capacity to manage the extra demand.

Third, I explained to the House that we were still attempting to understand how many women had been affected and how many had experienced harm as a result. I made clear that some of the figures I provided were provisional estimates and undertook to provide a further

update. I can now confirm, based on analysis by Public Health England, using data provided by NHS Digital that up to 174,000 women were affected by this issue, of which we know that up to 130,000 are still alive. As a result, the numbers who may have had their lives shortened as a result of missing their screening is now estimated to be less than 75. Whilst this figure is lower than the original estimates given in my statement , this does not lessen the devastating impact that this has had on some people's lives.

Finally, the most important thing we can do in cases of serious error is to ensure there is a robust and thorough process to investigate, understand and learn from what went wrong. In my original statement, I also announced an independent review, chaired by Lynda Thomas, chief executive of Macmillan Cancer Support, and Professor Martin Gore, consultant medical oncologist and professor of cancer medicine at the Royal Marsden with Peter Wyman from the CQC as the Vice Chair. I can now confirm that we have agreed the terms of reference for this review, details of which are attached to this statement. The Chairs are considering how best to involve affected women, their families and wider stakeholders and will release information on this when it is available.

Our cancer screening programme is widely recognised as world-leading, but on this occasion a number of women have been let down. It is now clear that this may have resulted in significant harm for a small number of women, while thousands more have faced unnecessary distress and anxiety as they waited to hear if they have been affected. I would like to repeat my wholehearted and unreserved apology to the women affected and their families – and above all reassure them that we are working hard to understand what went wrong and what we need to do to stop similar incidents from happening in the future.

04 Jun 2018 | Written statements | House of Commons | HCWS731

4.2 Debates

[Cancer Targets](#)

01 May 2018 | Parliamentary proceedings | 640 cc71-94WH

[Breast Cancer Drugs](#)

Unallotted backbench debate (part two). Agreed to on question.

26 Jan 2017 | Backbench debates | House of Commons | 620 cc502-533

[show contributions](#) (57)

[Secondary Breast Cancer](#)

Motion that this House has considered secondary breast cancer. Motion lapsed and sitting adjourned

21 Oct 2015 | Debates | House of Commons | 600 cc407-424WH

[show contributions](#) (22)

[Breast Cancer](#)

Agreed to on question.

25 Nov 2014 | Adjournment debates | House of Commons | 588 cc888-900

[show contributions](#) (16)

4.3 PQs

[Breast Cancer](#)

Asked by: Elliott, Julie | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, what discussions he has had with Health Education England on training more breast radiologists and mammographers.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

Health Education England (HEE) published its first ever Cancer Workforce Plan in December 2017, which commits to the expansion of capacity and skills including an ambition to increase improved working practices, attracting qualified people back to the National Health Service through domestic and international recruitment. This will include 668 more, full time equivalent, clinical radiologists and investing in 300 reporting radiographers by 2021 to support an increase in the capacity for earlier diagnosis.

HEE intends to follow the plan later this year with a longer-term strategy that looks at the workforce needs beyond 2021. This will include exploring sustainable growth beyond 2021 in key professions through continued investment in training places, with a greater focus on attracting and retaining students and improving the numbers of qualified professionals who go on to work in the NHS.

11 Oct 2018 | Written questions | 176300

[Breast Cancer](#)

Asked by: Lee, Karen | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, what the rate of (a) age-standardised premature mortality from breast cancer and (b) uptake of screening for that cancer was in each clinical commissioning group area in the last period for which figures are available.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

The Office for National Statistics has published data on the number of deaths and age-standardised mortality rates where breast cancer (ICD-

10 code: C50) was the underlying cause of death, in those aged 0 to 74 years, by sex, England and Wales, 2012 to 2016 at the following link:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/adhocs/008966deathsandagestandardisedmortalityrateswherebreastcancerwastheunderlyingcauseaged0to74yearsbysexenglandandwales2012to2016>

Data on the uptake of breast cancer screening are not available by clinical commissioning group level. Figures for uptake for screening during 2016/17 (screening year of 1 April 2016 to 31 March 2017) are published by NHS Digital. The information for each area is provided at a breast screening service level is attached.

12 Sep 2018 | Written questions | 170447

[Breast Cancer](#)

Asked by: Jarvis, Dan | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, what progress his Department has made on the implementation of the Cancer Strategy in relation to breast cancer.

Answering member: Steve Brine | **Party:** Conservative Party |

Department: Department of Health and Social Care

NHS England is committed to transforming cancer care across England for all cancers, including breast cancer, aiming to reduce inequality and promoting equity of access to services. To support this ambition, NHS England has committed more than £200 million in 2017/18 and 2018/19 to fund Cancer Alliances to accelerate early diagnosis of cancer, improve survival and enhance quality of life.

In February 2018, in partnership with the Department and NHS England, Public Health England (PHE) launched a Be Clear on Cancer Campaign focused on Breast Cancer in women aged over 70 to raise awareness of specific symptoms and encourage those with symptoms to visit their doctor.

To improve the uptake of screening, NHS England is continuing to invest in initiatives to help ensure equality of access, including through locally targeted interventions. These include text and general practitioner reminders and PHE's new 'Breast screening: easy guide', which helps women decide whether screening is right for them.

NHS England agreed a Commercial Access Agreement with Roche for Kadcyra (trastuzumab emtansine) which brought the confidential purchase price below the National Institute for Health and Care Excellence cost-effectiveness threshold, allowing approval in routine commissioning. This is offering breast cancer patients precious quality time with their families without damaging side effects.

Finally, we are committed to rolling out stratified follow-up pathways for breast cancer patients by 2020, to ensure patients get the right care after treatment, including information and support to spot signs and

symptoms of recurrence or secondary cancer. As well as providing a better experience for patients and ensuring they have the information they need, stratified pathways can offer more effective use of resources by freeing up outpatient capacity. They can also ensure that in cases where there is recurrence or secondary cancer, patients are supported to return to care quickly and effectively.

04 Sep 2018 | Written questions | 167281

[Breast Cancer](#)

Asked by: Shannon, Jim | **Party:** Democratic Unionist Party

To ask the Secretary of State for Health and Social Care, when the DNA test for breast cancer assessment will be available on the NHS.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

Some forms of DNA testing for cancer are available on the National Health Service. For example, the BRCA1 and BRCA2 genes raise the risk of cancer if they become altered. Having a variant BRCA gene greatly increases a woman's chance of developing breast cancer and ovarian cancer. The National Institute for Health and Care Excellence guidelines require that people with a 10% or higher risk of carrying BRCA genes are able to be counselled, supported and tested.

However, many other DNA tests for breast cancer are still in the research phase, and are therefore not routinely available.

09 Jul 2018 | Written questions | 159604

[Breast Cancer: Screening](#)

Asked by: Debbonaire, Thangam | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, what assessment his Department has made of the reasons for the computer failure in the breast cancer screening programme.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

On 2 May my Rt. hon. Friend the Secretary of State for Health and Social Care reported to Parliament a serious failure in the national breast screening programme in England and announced an independent review to investigate and report on the circumstances of the breast screening failure, which will include establishing the timeline of relevant events from 2009 to 2018 of the Age X trial and the national programme, including their administration and governance. The review will also assess the governance, assurance and accountability processes.

Lynda Thomas, chief executive of Macmillan Cancer Support, and Professor Martin Gore, consultant medical oncologist and professor of cancer medicine at the Royal Marsden, have been appointed as

independent chairs and Peter Wyman from the Care Quality Commission has been appointed as the Vice Chair.

The terms of reference have been published with the Written Ministerial Statement ([HCWCS731](#)) on 4 June 2018, and the review is due to report in November 2018.

27 Jun 2018 | Written questions | 155846

[Breast Cancer](#)

Asked by: Lewell-Buck, Mrs Emma | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, what steps he is taking to reduce the regional differences in breast cancer (a) rates and (b) outcomes.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

NHS England has established 19 Cancer Alliances across the country to bring together influential local decision-makers, reduce variation in the availability of good care and treatment for all people with cancer, including breast cancer, and deliver continuous improvement and reduction in inequality of experience.

NHS England has committed to providing Cancer Alliances with £200 million in transformation funding over two years to undertake initiatives to diagnose cancer earlier and improve the lives of people living with cancer.

NHS England and Public Health England have also set up the Cancer Alliance Data, Evidence and Analysis Service to help drive evidence-based local decisions in the delivery of improved cancer outcomes, using a whole pathway and cross-organisational approach.

12 Jun 2018 | Written questions | 151185

[Breast Cancer: Screening](#)

Asked by: Ashworth, Jonathan | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to increase the number of screenings for breast cancer.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

The National Health Service 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, in order to help detect abnormalities and reduce the number of lives lost to invasive breast cancer.

In addition to this the Breast Screening Programme is working on:

- Producing information on coverage to help increase screening uptake and reduce inequalities;
- Producing an online web tool to give advice to services, commissioners and stakeholders to give best advice on improving uptake - both practical advice and research evidence; and
- Publishing an easy read version of the screening leaflet to help provide informed choice for members of the public who prefer a pictorial representation, have lower literacy, or have English as a second language.

Services undertake activities to improve uptake locally, such as visits to mosques, temples, churches, radio and press reviews, and trade stands.

17 May 2018 | Written questions | 142854

[Breast Cancer: Screening](#)

Asked by: Allin-Khan, Dr Rosena | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, what steps he is taking to tackle the falling rates of breast cancer screening across England, in patients aged between 50 and 70 years old.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

The commissioning and provision of screening, outlined in the national service specification for breast screening, requires providers to work with local authorities and other stakeholders to develop plans to address uptake and inequalities. Breast screening services promote uptake by engaging with practices ahead of screening in their area, providing practices with up-to-date information about the programme and notifying them of the final outcomes of screening invitations for each of their patients.

Commissioners work with providers to ensure that letters and invitations have been endorsed by general practitioners. Providers have systems in place to ensure women who do not respond are provided with an opportunity not to miss screening by sending second timed appointments, ensuring that women are invited every three years and have tailored information available for particular groups of women, for example those with learning difficulties. Further information is available here:

<https://www.england.nhs.uk/wp-content/uploads/2017/04/service-spec-24.pdf>

18 Apr 2018 | Written questions | 135636

[Breast Cancer](#)

Asked by: Moran, Layla | **Party:** Liberal Democrats

To ask the Secretary of State for Health and Social Care, with reference to the report by the APPG on Breast Cancer, A Mixed Picture: An Inquiry into Geographical Inequalities and Breast Cancer, what steps he is taking to reduce inequalities in breast cancer outcomes across the UK; and if he will make a statement.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

NHS England is committed to transforming cancer care for all cancers, including breast cancer, across the country, and to reducing inequality and promoting equity of access to services. The report recommends improving the use of data: NHS England and Public Health England (PHE) have set up the Cancer Alliance Data, Evidence and Analysis Service, to help drive evidence-based local decisions in the delivery of improved cancer outcomes, using a whole pathway and cross-organisational approach.

On workforce, NHS England is working closely with Health Education England (HEE) following publication in December of the cancer workforce plan, and Cancer Alliances will work with their local HEE offices and regional teams to produce local plans.

On early diagnosis, PHE has launched the 'Be Clear on Cancer' Campaign to raise awareness of specific symptoms and encourage those with symptoms to visit their doctor. The latest campaign, launched on 22 February, focuses on breast cancer in people aged over 70.

To improve the uptake of screening, we are continuing to invest in initiatives to help ensure equality of access, including through locally targeted interventions. PHE has produced a new 'Breast screening: easy guide', and this, along with other initiatives such as text and general practitioner reminders, are examples of some of the ways which we are getting the information through to women so they can decide whether screening is right for them.

13 Mar 2018 | Written questions | 131735

[Breast Cancer: Artificial Intelligence](#)

Asked by: Shannon, Jim | **Party:** Democratic Unionist Party

To ask the Secretary of State for Health and Social Care, whether his Department uses artificial intelligence to spot breast Cancer.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

We are aware of a study at the Massachusetts Institute of Technology into Artificial Intelligence (AI) in diagnosing breast cancer in women. Modern digital pathology techniques have created the opportunity to produce AI-based algorithms that could provide grading of tumours and prognostic insights that are not currently available through conventional methodology. However, the future availability of any new or novel tests

on the National Health Service would be subject to large scale clinical trials demonstrating the safety and efficacy of the diagnostic approach and subsequent assessments of its cost effectiveness for routine use. Through its technology appraisal programme, the National Institute for Health and Care Excellence (NICE) provides authoritative, evidence-based guidance for the NHS on whether drugs and other treatments represent an effective use of NHS resources. NHS commissioners are legally required to fund drugs and treatments recommended by NICE within three months of final guidance.

18 Jan 2018 | Written questions | 121871

[Breast Cancer: Medical Treatments](#)

Asked by: Tracey, Craig | **Party:** Conservative Party

To ask the Secretary of State for Health, with reference to the commercial agreement announced by NHS England on 9 November 2017, what the timetable is for NICE to issue final guidance on Perjeta (pertuzumab) in combination with Herceptin (trastuzumab) and docetaxel for HER2 positive metastatic or locally recurrent unresectable breast cancer.

Answering member: Steve Brine | **Party:** Conservative Party |

Department: Department of Health

The timetable for the National Institute for Health and Care Excellence's (NICE) guidance on Perjeta (pertuzumab) in combination with Herceptin (trastuzumab) and docetaxel for HER2 positive metastatic or locally recurrent unresectable breast cancer is still to be confirmed. Perjeta remains available to new and existing National Health Service patients through the Cancer Drugs Fund pending NICE's final guidance.

22 Dec 2017 | Written questions | 119837

[Breast Cancer: Diagnosis](#)

Asked by: Sobel, Alex | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Health, what plans he has for (a) workforce planning and (b) investment to ensure there is diagnostic capacity for breast cancer in the NHS.

Answering member: Mr Philip Dunne | **Party:** Conservative Party |

Department: Department of Health

On 5 December 2017, Health Education England published a comprehensive cancer workforce plan, developed with NHS England. This plan focuses on the actions needed to ensure that there is enough staff with the right skills to deliver the activity set out in the Cancer Taskforce Strategy, by 2021. The plan includes investment in 300 reporting radiographers by 2021 but it is not just about increasing numbers, it is about supporting staff to develop new skills and enabling them to work differently.

The Cancer Workforce Plan is available at:

<https://hee.nhs.uk/sites/default/files/documents/Cancer%20Workforce%20Plan.pdf>

21 Dec 2017 | Written questions | 119708

[Breast Cancer: Drugs](#)

Asked by: Sobel, Alex | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Health, what plans he has for the NHS to prescribe (a) tamoxifen to reduce the risk of breast cancer for those with a family history of the disease and (b) bisphosphonates to reduce the risk of secondary breast cancer in menopausal women.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health

The use of tamoxifen to reduce the risk of breast cancer for those with a family history of the disease is one of a number of options recommended for consideration by patients and clinicians within the National Institute for Health and Care Excellence (NICE) Clinical Guideline 164 (last updated during March 2017). The guideline identifies a number of patient groups in a number of different ways, such as risk level, pre/post menopause and whether or not patients have osteoporosis. The provision of tamoxifen is a matter for local clinical commissioning groups (CCGs) and NHS England expects CCGs to take account of NICE guidelines and local population needs when making commissioning decisions.

NHS England recognises that bisphosphonates may have benefits for some women in preventing secondary breast cancer, however the provision of biophosphates is a matter for CCGs. NICE is considering the evidence on bisphosphonates and will be updating its clinical guidelines to take account of their use. We understand that this work is due to complete in 2018. However, subject to local commissioning policy, clinicians are already able to prescribe bisphosphonates for the treatment of secondary breast cancer where they judge it to be the most clinically appropriate treatment for an individual patient.

21 Dec 2017 | Written questions | 119706

[Breast Cancer: Drugs](#)

Asked by: Brown, Lyn | **Party:** Labour Party

To ask the Secretary of State for Health, what discussions his Department has had with NHS England on whether breast cancer patients who currently receive Herceptin (trastuzumab) in the subcutaneous formulation will be included in their ambition for 80 per cent of existing patients being on the best value biological medicine within 12 months.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health

Through its Medicines Value Programme, NHS England aims to deliver best value for medicines used in the National Health Service. Use of best value biologics is part of this programme which will drive rapid uptake of biosimilar medicines in the NHS. Trastuzumab is currently available as two products – one for intravenous (IV) use and the other for subcutaneous use. We are expecting several biosimilars of the IV preparation to be available sometime in 2018. As part of the medicines value programme we expect 80% uptake of the best value biologic within 12 months – this applies only to the IV preparation.

13 Dec 2017 | Written questions | 117472

[Breast Cancer: Biosimilar Medicines](#)

Asked by: Brown, Lyn | **Party:** Labour Party

To ask the Secretary of State for Health, whether NHS England has provided any guidance to hospital trusts and clinicians on the introduction of a biosimilar of Herceptin (trastuzumab) for breast cancer.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health

A final date for the availability of a biosimilar of Herceptin (trastuzumab) has yet to be agreed. Therefore NHS England has not yet issued any guidance on the introduction of a biosimilar of Herceptin (trastuzumab) for breast cancer. However, NHS England has discussed the introduction and uptake of biosimilar trastuzumab with the Cancer Vanguard. The Vanguard is a group of National Health Service trusts looking at developing new models of care and providing replicable models for cancer care nationally that will act as blueprints for the NHS.

The Cancer Vanguard will provide guidance and supporting documentation to hospital trusts and clinicians in the same way that documents were provided to support the introduction of biosimilar rituximab. Once a firm date is known, NHS trusts will be contacted regarding the availability of biosimilar trastuzumab and what they must do to ensure uptake. This will include linkages to the supporting documents issued by the Vanguard.

12 Dec 2017 | Written questions | 117134

[Breast Cancer: Drugs](#)

Asked by: McCabe, Steve | **Party:** Labour Party

To ask the Secretary of State for Health, what steps he is taking to improve patient access to preventative drugs for breast cancer.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health

The National Institute for Health and Care Excellence (NICE) is currently updating its guideline on the diagnosis and management of early and locally advanced breast cancer. The use of adjuvant bisphosphonates has been identified as one of the key areas that will be covered in the update which is scheduled for publication in July 2018. In the meantime, NICE has published an evidence summary on the use of adjuvant bisphosphonates in early breast cancer. NHS England expects clinical commissioning groups to take account of NICE guidelines and local population needs when making commissioning decisions.

17 Nov 2017 | Written questions | 111559

5. Further reading and links

[The All-Party Parliamentary Group on Breast Cancer](#)

The All-Party Parliamentary Group on Breast Cancer (APPGBC) exists to raise the profile of breast cancer issues within parliament. [Breast Cancer Now](#) provides the Secretariat to the APPG on Breast Cancer.

[Report on geographical inequalities in breast cancer](#)

The All-Party Parliamentary Group (APPG) on Breast Cancer has published the final report of its inquiry into geographical inequalities in breast cancer diagnosis, treatment and care across England.

[Breast Cancer Care](#)

[Breast Cancer Now](#)

[Good enough? Breast cancer in the UK in 2017](#)

To mark Breast Cancer Awareness Month 2017, Breast Cancer Now have published a major new report, Good enough? Breast cancer in the UK

Cancer Research UK

[Research and clinical trials](#)

Research is looking into all aspects of breast cancer and aims to improve tests, treatment, and ways of coping with symptoms and side effects.

Includes:

[Causes and prevention research for breast cancer](#)

[Diagnosis and screening research for breast cancer](#)

[Treatment for early breast cancer - research and clinical trials](#)

[Living with breast cancer research](#)

Macmillan

[Breast cancer](#)

Information and support for people affected by breast cancer.

NHS Treatment - [Breast cancer in women](#)

NICE guidance

[Breast cancer](#) Quality standard [QS12]

Published date: September 2011 Last updated: June 2016

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