

[National Assembly for Wales](#)  
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[Access to medical technologies in Wales](#)

**Evidence from Cross Party Group on Cancer – MT 41**

**Submission from the Cross Party Group on Cancer to the Health Committee Inquiry on Medical Technologies.**

On the 4<sup>th</sup> December the Cross Party group on cancer held a meeting on new technologies in cancer diagnosis and treatment.

The group heard from three speakers who presented on genetic testing, stratified medicine and new radiotherapy techniques:

Dr Rachel Butler, FRCPath, Consultant Clinical Scientist, Head of All Wales Genetics Laboratory.

Professor Malcolm Mason, Head of the Oncology and Palliative Medicine, School of Medicine, Cardiff University. Director of the Wales Cancer Bank.

Dr Tom Crosby, Consultant Clinical Oncologist, Clinical Director Velindre Cancer Centre. Director of the South Wales Cancer Network.

1. Dr Rachel Butler and Professor Malcolm Mason gave a presentation on Genetic testing and stratified medicine (attached) which highlighted how testing identifies people at risk of cancer and how stratified medicine can select the right treatment for an individual, which then avoids the wrong treatment.  
The presentation highlighted the healthcare and economic gains of the stratified approach, and set out what the stratified medicine service needs to progress in Wales.
2. Dr Tom Crosby gave a presentation on new radiotherapy techniques - 'Cost Effective Cutting Edge Technology' (attached). The presentation outlined how these new techniques have reduced side effects for patients by 50%, and how the money spent on radiotherapy is dwarfed when compared to money spent in other areas of cancer treatment.

**Discussion**

**New radiotherapy techniques** - Peter Thomas asked about the side effects of new radiotherapy treatments, Dr Tom Crosby said that the new techniques can reduce the side effects by half, however he emphasised that data collection is needed, and that research and clinical trials measuring outcomes is key to success.

**Molecular radiotherapy** - Dr Tom Crosby said that this is about to take off but it is complex. Eleven Centres in England are using it and they have the capability to do so in Velindre, but we need to establish the funding stream to England and then use the repatriation of these patients to establish a business case for the delivery of this treatment here in Wales first.

**Commissioning** –Meeting attendees felt that there are weak structures for commissioning in Wales, especially for new radiotherapy technologies and treatments such as stratified medicines as it is difficult to find a home for where they should sit. There seems to be a lack of consistency/clarity in what falls into the Welsh Health Specialised Services Committees (WHSSC) remit. Julie Morgan asked if this is being reviewed.

Dr Rachel Butler said that it has been difficult to get a stratified medicines service commissioned and it is difficult to get equity for stratified medicines. Dr Butler outlined the cost savings of a stratified medicines approach - a genetic tests costs £80 and a stratified medicine approach to those lung cancer patients with the EGFR mutation positive results in a cost saving of £74,759 pa across SE Wales<sup>[1]</sup>. Dr Rachel Butler has put a Proposal paper together for a for Stratified Medicine services in Wales. It is vital that there is clarity about the commissioning of this service. Wales and led the way through the Wales Cancer Bank and the technology hub in Cardiff and Vale genetics service, but we are now falling behind due to a lack of strategic planning and robust commissioning.

Dr Tom Crosby also outlined how radiotherapy provides value for money when compared to spend on cancer drugs:

In England:

- ***Cancer Drugs Fund = £200m/yr***
- ***Radiotherapy Innovation Fund = £23m (one-off)***
- ***to enable all 30,000 patients needing IMRT each year to have it***
- ***11.5% of CDF annual budget! [2]***

Attendees agreed that the current commissioning system for these treatments is frustrating given the reduction in side effects for patients and the costs savings. Susan Morris asked how we can join up stratified medicines services and what the Cancer Implementation Group can do to help. Annie Proctor pointed out that stratified medicines are being tied up in rarer diseases but these new approaches and treatments can benefit the NHS as a whole. A structure is needed to take the stratified medicine approach forward and that stratified medicines and genetic testing need to be embedded in the whole system.

It was acknowledged that there has been investment from the Welsh Government in new radiotherapy techniques and the equipment needed, but it is the commissioning of the revenue costs that has been problematic. We must aspire to a system that supports early technology and appraisal if we want to offer best treatment from patients and attract highest calibre staff giving them access to latest technology for both research and service development.

**The National Institute for Social Care and Health Research (NISCHR) structural review** - Dr Malcolm Adams and others in the audience were also very concerned about the The National Institute for Social Care and Health Research (NISCHR) structural review and Dr Malcolm Adams and Professor Malcolm Mason urged all to respond and emphasise the need for rapid translational research.

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[1] The economics of EGFR mutation testing in Non-Small Cell Lung Cancer

[2] Cost Effective Cutting Edge Technology, Presentation by Dr Tom Crosby, 4.12.13