

Dear All-Party Parliamentary Groups,

On behalf of members of the Advanced Medical Technology Association (AdvaMed) Radiation Therapy Sector, which represents the major radiation therapy device manufacturers, we are writing to express our concern about the current cancer backlog in the UK and to address several solutions for the backlog.

AdvaMed member companies produce the medical devices, diagnostic products, and health information systems that are transforming health care through earlier disease detection, less invasive procedures, and more effective treatments. AdvaMed members range from the largest to the smallest medical technology innovators and companies. We are committed to ensuring patient access to life-saving and life-enhancing devices and other advanced medical technologies in the most appropriate settings.

According to the Global Cancer Observatory, the United Kingdom's cancer incidence rate of 319.9 is the 12<sup>th</sup> highest in the world (out of 185 countries). More than 50% of cancer patients in the UK will need access to radiation therapy that accounts for 40% of cancer treatment cures.<sup>2,3</sup> And yet, current levels of investment in radiation therapy by NHS England are not sufficient for NHS Trusts to invest in breakthrough technology and other cancer care services. According to the Directory of Radiotherapy Centres (DIRAC), as of February 28, 2021 the UK has 5.36 linacs and particle accelerators per million residents, a rate which is 25% lower than other high-income countries.<sup>1</sup> One measure of the effectiveness of cancer services are population-based cancer survival estimates. A recent study of survival estimates for seven tumour sites found that UK cancer patients had the lowest survival rates for five of those tumour sites.<sup>4</sup> The COVID-19 pandemic has further strained NHS radiotherapy infrastructure and ability to deliver care to patients, although leading cancer institutions reported that it is the most appropriate and safest treatment option during the pandemic, especially as it is moderately immune-suppressive.<sup>2,5</sup>

The AdvaMed UK Radiotherapy Industry Task Force has been working with Action Radiotherapy, RT4Life, Catch Up with Cancer campaign and the broader oncology community to explore strategies for improving cancer care and outcomes for UK patients. We were pleased that many of these strategies were included in your Six-Point COVID-19 Recover plan released July 6, 2020. Now almost one year later we again urge the Government to quickly implement those recommendations<sup>6</sup>:

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<sup>1</sup> [Cancer Today \(iarc.fr\)](https://www.iarc.fr/).

<sup>2</sup> Borrás JM., Lievens Y., Barton M., (2016) [How many new cancer patients in Europe will require radiotherapy by 2025? An ESTRO-HERO analysis](#). Radiotherapy and Oncology. 119(1): 5-11.

<sup>3</sup> Marie Curie legacy cancer white paper: <https://mariecurielegacy.org/>

<sup>4</sup> [Division for Human Health: DIRAC \(Directory of Radiotherapy Centres\) \(iaea.org\)](#), Accessed May 11, 2021.

<sup>5</sup> Wild, A. T. et al. Lymphocyte- sparing effect of stereotactic body radiation therapy in patients with unresectable pancreatic cancer. Int. J. Radiat. Oncol. Biol. Phys. 94, 571–579 (2016).

<sup>6</sup> Arnold M, et al, Progress in cancer control: survival, mortality and incidence in seven high-income countries 1995-2014, Lancet Oncology, (2019).

<sup>7</sup> Lee LYW, Cazier JB, Starkey T, Turnbull CD, Kerr R, Middleton G. COVID-19 mortality in patients with cancer on chemotherapy or other anticancer treatments: a prospective cohort study. The Lancet. 2020;395(10241):1919-26.

<sup>8</sup> Transforming Radiotherapy: A six-point COVID-19 recovery plan to save lives and save money with the NHS, APPG, 6 July 2020.

1. **Drive radiotherapy forwards:** appoint a radiotherapy minister and Tsar to form a national task force of medical and industry professionals to ensure all available solutions already used in other countries are rapidly introduced in the UK. Sweep away the bureaucracy that has led to a 10-year delay in the roll out of precision radiotherapy with SABR (Stereotactic Ablation Radiotherapy) that allows less treatment sessions. Sweep in appropriate leadership power and accountability to facilitate and implement all the other ground breaking IT and radiotherapy technology advances over that 10 years, which will improve cancer survival even more, and which are now standard in many countries.
2. **Invest in IT and technology solutions:** work with industry and modernise radiotherapy. Create a ring-fenced innovation fund for cutting edge IT technology software solutions, AI and Machine learning products to help improve quality, access, and alleviate workforce issues. It is the only way to rapidly increase work capacity, streamline services, and share expertise.
3. **Replace aging radiotherapy machines:** create a ring-fenced central funding pot to replace machines over 10 years old to secure fast and uninterrupted patient treatment. This will address the £140 million backlog in machine replacement costs and secure the future; replacing a machine only works out at around £400 per patient.
4. **Increase the workforce:** fund the 10-20% increase in the multi-professional teams needed to run the service.
5. **Improve access to radiotherapy:** invest the £250 million needed for new networked treatment delivery centres to bring treatment closer to home and avoid long travel for the 3.5 million of the population who live further away than 45 minutes recommended travel time.
6. **Raise the profile of radiotherapy:** fund an awareness program for the general public and the medical profession on the curative and palliative potential of radiotherapy and ensure this cost-effective treatment can be used to its full potential.

Our member companies have undertaken efforts with their customers to support patients and radiation therapy centres during the COVID-19 pandemic. We have been, and remain, prepared to work with NHS and the government to strengthen radiotherapy infrastructure in the UK. The technology is available to meet the challenge of treating cancer during the COVID-19 pandemic, but it remains the responsibility of NHS to increase the investment in RT. After many years of underfunding radiotherapy technologies, now is the time to rectify this oversight and allow radiotherapy to do its job—save more patients’ lives.

Signed:

