



THE SCOTTISH OFFICE

Department of Health

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NHS Management Executive
 St. Andrew's House
 Edinburgh EH1 3DG
13th November 1997
 Telephone 0131-244
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Dear Colleague

EVIDENCE-BASED HEALTHCARE: COMMON CORE WORK PROGRAMME

SCOTTISH HEALTH PURCHASING INFORMATION CENTRE

REPORT ON BREAST CANCER

Summary

1. A Report by the Scottish Health Purchasing Information Centre on Breast cancer is attached.
2. The Report examines treatment of breast cancer, but does not cover screening, organisation of care, genetic testing or prevention. The topics examined include:
 - surgery - the pros and cons of lumpectomy versus mastectomy, and the cost consequence
 - radiotherapy
 - hormone therapy, including choice of drug
 - chemotherapy
 - drugs to prevent or reduce nausea and vomiting after chemotherapy
 - follow-up after surgery and adjuvant treatment
 - breast cancer nurses

** Copy of report is held by the library*

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RECEIVED	
21 NOV 1997	
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REFERRED TO	ACTION TAKEN

Addressees

For action:

General Managers, Health Boards
 GP Fundholders

For information:

General Manager, Common Services Agency
 Chief Executive, Health Education Board For Scotland
 General Manager, State Hospital
 Executive Director, SCPMDE
 Chief Executives, NHS Trusts

Enquiries to:

(For copies of the Report)

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3. The Report concludes that:
- a. surgery, radiotherapy and adjuvant therapy with tamoxifen of CMF chemotherapy are cost-effective;
 - b. bisphosphonates for bone secondaries and ondansetron for vomiting after chemotherapy are effective, but costly;
 - c. the cost-effectiveness of taxanes and aromatase inhibitors is unproven.
4. A Report, comprising a concise summary of the current evidence for those involved in the planning of breast cancer services and improving the management of patients with this condition, has been prepared by the Scottish Needs Assessment Programme (SNAP) and will be published shortly. In addition, a clinical guideline covering the entire spectrum of breast cancer, including screening, is currently being prepared by the Scottish Intercollegiate Guideline Network (SIGN) and should be published in the near future.

Action

5. Health Boards should use this Report when assessing local needs. Health Boards are asked to pass copies of this circular to all General Practitioner practices within their area. Sufficient copies will be provided for this purpose.

Yours sincerely



KEVIN J WOODS
Director of Strategy and Performance Management