Manuela Perteghella
Member of Parliament for Stratford-on-Avon
House of Commons, London SW1A 0AA
Tel +442072192056
manuela.perteghella.mp@parliament.uk

The Rt Hon James Murray MP
Secretary of State for Health and Social Care
Department of Health and Social Care
Ministerial Correspondence and Public Enquiries Unit
39 Victoria Street
London
SW1H 0EU

Our Ref: MP10258 17 June 2026

Dear Secretary of State,

Re: Access to treatments for people with metastatic breast cancer

I am writing to you to raise two related concerns about access to treatment and care for people living with metastatic, or secondary, breast cancer.

Breast cancer remains the most common cancer in the UK, with around 55,000 women and 400 men diagnosed each year, and around 11,500 women and 90 men dying from it. Almost all of these deaths are from metastatic breast cancer, a disease that can be treated but cannot be cured. Breast Cancer Now estimates that approximately 61,000 people are currently living with metastatic breast cancer in the UK, although the true figure remains unknown because data is still not collected consistently across the country, despite recording having been mandatory since 2013.

I welcome the Government's commitment in the National Cancer Plan to define and count recurrent breast cancers, beginning with metastatic breast cancer in 2026. However, for this commitment to be meaningful, the NHS must now routinely and consistently capture data on every secondary breast cancer patient's diagnosis, treatment and support, so that services can be designed around the needs of everyone living with this incurable disease. I would be grateful if you could set out what steps the Department is taking to ensure this data collection becomes consistent across all NHS trusts ahead of the 2026 reporting commitment.

I would also like to raise the issue of stereotactic ablative radiotherapy, or SABR, a precise form of radiotherapy sometimes used in metastatic cancers. Current commissioning guidance in England requires patients to have been disease free for at least six months following primary treatment before they can access SABR. This means that people diagnosed with de novo metastatic breast cancer, who are diagnosed with secondary cancer at the same time as or before their primary breast cancer is found and so have not received prior treatment for it, are unable to access this treatment. I understand there is no current evidence to show that SABR is effective for this group of patients, and I would welcome clarity from the Department on whether this gap in the evidence base is being addressed, and what support is available in the meantime for people with de novo metastatic breast cancer who fall outside the current eligibility criteria.

Finally, I want to highlight ongoing concerns about access to new and effective life extending treatments for metastatic breast cancer through NICE's drug appraisal process. Breast Cancer Now's report, ‘Setting the bar too high’, found that NICE's current approach is limiting access to some life extending treatments for incurable metastatic breast cancer. Since the

introduction of the severity modifier in 2022, the price the NHS is able to pay for some new medicines has been reduced, creating barriers to the approval of drugs for advanced cancers. While the increase in NICE's standard cost effectiveness threshold in April has slightly increased the amount the NHS can spend on new medicines, it has not closed this gap, and I share Breast Cancer Now's concern about the continuing impact of the severity modifier on patients' access to medicines.

I am supporting Breast Cancer Now's #MoreTimeToLive campaign, which calls on you, as Secretary of State for Health and Social Care, to remove the requirement for the severity modifier to be opportunity cost neutral, and to allow greater investment in treatments for more severe conditions. This change would help ensure that everyone with metastatic breast cancer can access the drugs they need to stay alive, rather than being limited by a system that was not designed with the needs of advanced cancer patients in mind.

I would be grateful for your response on each of these points: the timetable for consistent data collection on metastatic breast cancer ahead of 2026, the Department's plans to address the evidence gap and access barriers around SABR for people with de novo metastatic breast cancer, and whether the Government will commit to reforming the severity modifier so that it is fit for purpose. I would also welcome the opportunity to meet with you or a relevant minister to discuss these issues further on behalf of my constituents.

Yours sincerely,

Dr Manuela Perteghella MP
Member of Parliament for Stratford-on-Avon