

Dr Robert Peel
Scottish Medicines Consortium Chair
Delta House
50 West Nile Street
Glasgow
G1 2NP
29th May 2026

Dear Dr Peel,

On behalf of Breast Cancer Now, METUPUK and Make 2nds Count, we wanted to congratulate you on your appointment as Chair of the Scottish Medicines Consortium. We look forward to working closely with you throughout your time in post.

We also wanted to highlight our concerns regarding access to targeted treatments for some people in Scotland living with hormone receptor-positive, HER2-negative advanced or metastatic breast cancer. Two targeted treatments, capivasertib with fulvestrant and elacestrant, were rejected for use on the NHS in Scotland last year and have recently been resubmitted for SMC appraisal.

We would like to highlight the barrier created by the requirement for chemotherapy to be used as a comparator in these recent SMC assessments. In comparison, NICE assessed these drugs against current standard targeted or endocrine-based therapies, such as alpelisib, reflecting how treatment is delivered in clinical practice. As alpelisib was not previously approved by the SMC, it therefore cannot be used as a comparator in subsequent appraisals.

There is a growing concern that if chemotherapy continues to be required as a comparator in this setting, future targeted treatments for this group of patients may not be recommended. Pharmaceutical companies do not always generate direct comparative data against chemotherapy, as clinical trials are designed with current treatments as controls and this is often not chemotherapy.

Given the significant implications of this issue for patient outcomes and equity of access, we would be grateful if you could provide clarification on how comparator requirements are being applied in this area, and how future access to targeted treatments can be safeguarded for patients in Scotland. Additionally, noting the significant backlog in assessments, the fact that many patients cannot afford further delays in accessing these drugs, and that this is the second time these drugs will be appraised, we would welcome the SMC consider how it can expedite the process.

With these new treatments on the horizon, we would also like to highlight our concern that there is still no agreed expansion of genomic testing in the Scottish Cancer Test Directory, or any established mechanism to fund testing associated with precision medicines following approval by the SMC. Scotland risks patients not having access to cancer treatments as their healthcare team cannot undertake

the necessary genomic testing to see if they are eligible, denying patients potentially life-extending and life-saving treatments.

As Chair of the SMC, we ask you to raise these concerns with the new Cabinet Secretary for Health and Social Care, to establish long-term and sustainable access to genomic testing, which is essential to enable patient access to SMC-approved precision cancer medicines.

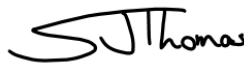
We are deeply concerned that people with incurable metastatic breast cancer in Scotland are now facing fewer treatment options, earlier reliance on chemotherapy—which we know many patients would prefer to avoid—and a widening inequity in access to precision medicine compared with the rest of the UK.

We look forward to hearing your response.

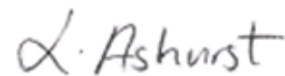
Kind regards,



Claire Rowney
Chief Executive
Breast Cancer Now



Dr Sarah Thomas
Director of Research & Programmes
Make 2nds Count



Laura Ashurst
Chair
METUPUK