**National Cancer Control Programme**

**Treatment of Patients with Breast Cancer: Radiation Oncology**

**Guideline Consultation Process**

The draft national clinical guideline ‘Treatment of Patients with Breast Cancer: Radiation Oncology’ is available for consultation. This review is open from the 3rd October until the **28th** **October** **2022**.

We welcome your feedback. Please complete the attached feedback form and email it along with any queries to [guidelines@cancercontrol.ie](mailto:guidelines@cancercontrol.ie). Please include supporting evidence and references for any suggested changes.

In order for your feedback to be considered by the Guideline Development Group the conflict of interest form found at the end of this document must also be completed and returned.

Yours sincerely,

Dr Eve O’Toole

Head of Evidence and Quality Hub,

NCCP

**National Cancer Control Programme - Feedback on the draft guideline**

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| **Guideline**: | **Treatment of Patients with Breast Cancer: Radiation Oncology** |

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| **Name of person providing feedback**: |  |

|  |  |
| --- | --- |
| **Hospital/organisation and discipline**: |  |

|  |  |
| --- | --- |
| **Contact details:** |  |

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| --- | --- |
| **Date**: |  |

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| **Which clinical question(s) do you wish to address?**  Please select the clinical question(s) you want to provide feedback on: | | | |
|  | ✓ |  | ✓ |
| Clinical question 1 |  | Clinical question 7 |  |
| Clinical question 2 |  | Clinical question 8 |  |
| Clinical question 3 |  | Clinical question 9 |  |
| Clinical question 4 |  | Clinical question 10 |  |
| Clinical question 5 |  | Clinical question 11 |  |
| Clinical question 6 |  | Clinical question 12 |  |

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| **Please give a brief description of your suggested amendment.** |

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| **Please list and/or attach supporting evidence for the change/amendment.** |

Please return your feedback (incl. supporting evidence where applicable) & conflict of interest form to [**guidelines@cancercontrol.ie**](mailto:guidelines@cancercontrol.ie)by the **28th October 2022.**

**Conflict of Interest Declaration Form**

**Title of PPPG being considered: “Treatment of Patients with Breast Cancer: Radiation Oncology”**

**Please tick the statement that relates to you**

**I declare that I DO NOT have any conflicts of interest**

**I declare that I DO have a conflict of interest**

**Details of conflict (Please refer to specific PPPG and append additional pages to this statement if required)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registration number (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The information provided will be processed in accordance with data protection principles as set out in the Data Protection Act. Data will be processed only to ensure that committee members act in the best interests of the committee. The information provided will not be used for any other purpose.

A person who is covered by this PPPG is required to furnish a statement, in writing, of:

(i) The interests of the person, and

(ii) The interests, of which the person has actual knowledge, of his or her spouse or civil partner or a child of the person or of his or her spouse which could materially influence the person in, or in relation to, the performance of the person's official functions by reason of the fact that such performance could so affect those interests as to confer on, or withhold from, the person, or the spouse or civil partner or child, a substantial benefit.