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Dear Editor

We reject the inference of a “survival benefit” for patients receiving partial breast irradiation (PBI) within the IMPORT LOW trial and caution against any such interpretation when the number of events reported is so small<sup>1</sup>. There is no suggestion of a difference in disease-free and overall survival across IMPORT LOW treatment groups. The TARGIT trialist’s claim of survival benefit in their own trial relates to non-breast cancer deaths and the data cited are from a selected subset of patients. In IMPORT LOW, there were 9 cardiac deaths occurring 6-36 months following randomisation, 4 after left- and 5 after right-sided breast cancer, so no suggestion of an early radiation induced effect. Lung cancer laterality in relation to the treated breast was similar for ipsilateral and contralateral tumours, with 18/19 cases developing within 5 years of randomisation. These data fail to support an increase in radiation-induced second cancers after whole breast irradiation (WBI). Therefore, the TARGIT trialist’s suggestion that WBI causes inferior survival at 5-years’ follow-up due to either cause appears unsubstantiated.

IMPORT LOW included a comprehensive and systematic investigation of late normal-tissue effects (NTE), inviting clinician assessments in all participants, and patient-reported outcomes (PROMs) and photographs in a planned subset of >50% patients. Five-year prevalence of observed NTE was low overall (<10% in all groups). We opted for a stringent cut-off of  $p < 0.005$  for statistical significance due to multiple endpoints. There was evidence of a benefit with PBI for clinician-assessed worst-grade NTE by 5 years (HR 0.69, CI 0.53-0.90,  $p = 0.006$ ). The IMPORT LOW manuscript included 12 PROMs items describing effects most likely to be directly radiotherapy-related. Others will be reported separately. In contrast, TARGIT-A had no centrally coordinated normal toxicity sub-study and included only limited reports from a small number of centres, providing no robust evidence of reduction in NTE after Intrabeam<sup>2-4</sup>.

The IMPORT LOW technique uses standard tangential field-in-field IMRT with added simple shortening of field lengths. It can be delivered easily using existing technologies and expertise, both of which are already available in every radiotherapy department without requirement for additional capital investment.

Finally, we agree that patient choice for treatment is paramount: this must be based on sound scientific evidence and communicated clearly and honestly to patients.

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