

# Bowel Cancer Australia's

comment on

## Medicines Australia's Oncology Industry Taskforce Access to Cancer Medicines in Australia Report

September 2013

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Bowel Cancer Australia



**To: Medicines Australia's Oncology Industry Taskforce**

Bowel Cancer Australia has been and will continue to be a strong advocate for improved access to effective treatments for bowel cancer. As a national charity for the bowel cancer community, we are therefore appreciative of the opportunity to contribute to this national discussion on 'timely, affordable and equitable' patient access to cancer medicines.

Bowel cancer is Australia's second biggest cancer killer and survival rates lag well behind other common cancers. Over 14,000 men and women of all ages are diagnosed with bowel cancer each year, many with advanced disease. Increased awareness of bowel cancer, its risk factors and symptoms, along with improved access to and participation in screening programs will help reduce this toll, but patients will still require access to cancer medicines.

In the context of an ageing population however, bowel cancer will continue to be a significant contributor to morbidity and mortality in Australia into the foreseeable future.

*Access to Cancer Medicines in Australia* highlights a number of issues and challenges which Bowel Cancer Australia believes deserve further comment. In particular for bowel cancer, the increasing role of biological and targeted cancer therapies provides a necessary focus on the high cost of these new treatments and associated technologies.

Cost is a recognised barrier in timely and equitable access to these cancer treatments. Cancer patients with advanced disease cannot afford to wait months or years for treatments that have been evaluated and proven to be effective.

Patients and their families should never be placed in the position where they are faced with the decision of going into debt, mortgaging their homes, or forgoing treatment and the possibility of precious extra time with their loved ones.

Bowel Cancer Australia thanks the Taskforce for the opportunity to comment on the Access to Cancer Medicines in Australia Report.

Yours sincerely



**Julien Wiggins**

Chief Executive Officer  
Bowel Cancer Australia



## 1. Delays in Australian patient access to new treatments

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Bowel Cancer Australia is concerned that there is a significant time lag between access to new cancer treatments for Australian cancer patients compared to those in other OECD countries. For example, the report finds that bevacizumab was PBS listed in Australia four years later than in Canada; cetuximab seven years later than in Germany; and we continue to wait for panitumumab which was listed in Germany, France and The Netherlands between 2007 and 2008.<sup>i</sup>

These delays reflect in part a lengthy approval process for reimbursement of new and costly therapies. Under the previous government, PBS listing required Cabinet approval on top of a PBAC recommendation for new treatments expected to cost more than \$10 million per year. This was a politicisation of the process and involved a time-consuming, additional layer of deliberations that has been described as ‘wasteful’<sup>ii</sup>.

Bowel Cancer Australia has called for the Federal Government to return to the process of automatically listing on the PBS any proven, effective bowel cancer treatments that have received a positive PBAC recommendation<sup>iii</sup>.

## 2. Gaps in PBS listing of new treatments & MBS listing of relevant genetic testing

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Bowel Cancer Australia recognises that we have entered the era of personalised medicine – the ability to tailor effective medical treatments to individuals on the basis of their genetic makeup. Yet there are anomalies as the regulatory process has not kept up with drug development and technological advances.

For example, targeted therapies such as cetuximab only offer clinical advantage to the 60 per cent of bowel cancer patients with the KRAS wild type gene. However while KRAS status is essential for determining eligibility for PBS-subsidised cetuximab, there was no coordinated approach to applications for public funding for the therapy and the test.

As a consequence, while PBS listing of cetuximab was achieved in September 2011, MBS reimbursement for the costs of determining KRAS status was not available until May 2012, a gap of eight months.

Bowel Cancer Australia commends the report for highlighting the difficulties of ‘parallel processing’ of such applications and supports any initiatives to streamline the process.

## 3. Misalignment of burden of disease and expenditure

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Bowel cancer patients currently only have access to two monoclonal antibodies (bevacizumab & cetuximab) as subsidised treatments for advanced disease. This seems inadequate considering bowel cancer is the second most common cancer in both men and women and the second leading cause of cancer deaths.

Limited access to treatment options may help explain why survival rates for bowel cancer stand at about 66% compared to about 90% for other common cancers such as breast and prostate cancer<sup>iv</sup>.

Other treatments such as panitumumab and aflibercept are currently available in other countries and need to be listed here urgently as a subsidised option for bowel cancer patients.



The PBAC recommended panitumumab for PBS listing earlier this year but patients continue to wait for the final approval. The PBAC recently rejected a submission for aflibercept.

Bowel Cancer Australia appreciates that some patients are being treated with these drugs through clinical trials and special access programs; however, neither are sustainable options.

The PBS listing of both these drugs for advanced bowel cancer would provide much needed treatment options for bowel cancer patients.

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## 4. About Bowel Cancer Australia

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Bowel Cancer Australia is a national charity with a vision to reduce the incidence, death and suffering associated with bowel cancer in Australia. The charity works across the entire bowel cancer spectrum with activities relating to prevention, detection and management of bowel cancer through:

- **Advocacy** - driving access to high quality services, evidence-based programs and treatments.
- **Awareness** - increasing community awareness and understanding of bowel cancer and the importance of screening for early detection and successful treatment of the disease.
- **Education** - developing and providing practical resources to consumers and health professionals that make the link between diet, lifestyle, screening and bowel cancer risk, and highlighting the importance of treatment compliance for maximum benefit.
- **Support** - for patients and their families through direct contact with Bowel Cancer Australia, our staff and patient-to-patient network; and indirectly through information provided to healthcare professionals.
- **Research** - increasing investment that supports strategic research which adds to the body of evidence about bowel cancer prevention, early detection, treatment and management.

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<sup>i</sup> Deloitte Access Economics. *Access to Cancer Medicines in Australia 2013*. Table 5.3 p65.

<sup>ii</sup> Finance and Public Administration Reference Committee (2011) in Grattan Institute. *Australia's bad drug deal 2013*. p17

<sup>iii</sup> Bowel Cancer Australia. *Bowel Cancer 2016 Challenge*. p6.

<sup>iv</sup> <http://www.aihw.gov.au/cancer/#t3>