

Supporting  
Australians  
for 15 years

Breast  
Cancer  
Network  
Australia



## **Breast Cancer Network Australia Response to Medicines Australia Oncology Industry Taskforce 'Access to cancer medicines in Australia'**

**October 2013**

### **About Breast Cancer Network Australia**

Breast Cancer Network Australia (BCNA) is the peak national organisation for Australians personally affected by breast cancer. We support, inform, represent and connect people whose lives have been affected by breast cancer. We work to ensure that women diagnosed with breast cancer and their families receive the very best information, treatment, care and support possible.

BCNA represents more than 85,000 individual members and 310 member groups from across Australia.

Breast Cancer Network Australia welcomes the opportunity to comment on the Medicines Australia Oncology Industry Taskforce report *Access to cancer medicines in Australia* (the Report).

With an estimated 50 new cancer drugs being submitted to the Pharmaceutical Benefits Advisory Committee (PBAC) by 2015, the Australian community needs to be assured that rigorous and time-efficient processes are in place to ensure that efficacious new medicines are available through the Pharmaceutical Benefits Schedule in a timely manner.

We are concerned by the length of time it can take currently for new drugs to receive PBS listing.

We note the Report's finding that the time period between submission to the TGA and subsequent PBS listing of a medicine is at least 14 months, but that some medicines take several submissions to PBAC before they receive a positive recommendation. In recent times this has been the case with a number of new breast cancer medicines. In 2013, everolimus, eribulin, and trastuzumab emtansine were all rejected by PBAC at their first application. Everolimus was subsequently given a positive recommendation, although it is not yet PBS-listed.

Eribulin was first presented to the PBAC in March 2013. A second application will be considered in December 2013. BCNA has received a number of enquiries from women who are trying to access this drug, which is a chemotherapy for women whose breast cancer has

progressed on two or more previous chemotherapy treatments. It is a last treatment option for some women. BCNA is aware of women who are currently paying \$1,500 or more per infusion. We also know other women who are unable to afford this and who are anxious for it to be listed on the PBS so they can access it. For some of them, that time may be too late.

As a consumer organisation, BCNA often receives enquiries from women with secondary breast cancer who are trying to access new drugs. Often they have reached the end of their treatment options. They can be devastated to know that there is a new drug that may extend their life and/or improve their quality of life, but they are not able to access it – either because it is not yet approved for use in Australia or because the cost is prohibitive.

We acknowledge that sometimes pharmaceutical companies provide patient access programs for new drugs during the period between TGA approval and PBS listing, and we know these programs are greatly appreciated by women with breast cancer and their families. Sometimes, however, the patient contribution for these programs is still such that women are unable to afford to pay for the drug.

We are also concerned that should new drugs not receive a positive PBAC recommendation and be listed on the PBS, access to them will be limited to those who can afford them. This will result in a two-tier treatment system, where those who can find funding for expensive treatments will have access to them, while others with the same condition will not be able to access the same treatments. This is currently the experience with eribulin.

This was also the experience with the breast cancer drug Herceptin prior to the establishment in 2001 of the special access program for women with metastatic (secondary) breast cancer. We know that, prior to 2001, families mortgaged their homes and community fundraisers were held to help cover the cost of Herceptin treatment. Some women, however, were unable to raise the funds to buy Herceptin and so did not receive the treatment. We also know that some of the women who started treatment with Herceptin when the program was established are still alive today – more than ten years later.

We note on page xi of the *Executive summary* the reference to ‘a growing number of Australian oncology patients unable to access cancer medicines compared with their overseas counterparts’. It would be useful to have some sort of indication of how many Australian cancer patients have been unable to access medicines, and the numbers of patients unable to access medicines in comparable countries.

It would be useful also to see a list of key cancer drugs and the dates they were subsidised overseas, in comparison to the dates subsidised in Australia.

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For further information, please contact:

Kathy Wells, Policy Manager

[kwells@bcna.org.au](mailto:kwells@bcna.org.au)

(03) 9805 2562