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Cancer Drugs Alliance Submission:
Access to Cancer Medicines in Australia Report

The Deloitte report on Access to Cancer Medicines in Australia clearly demonstrates the challenge Australians face in fair and timely access to cancer medicines. The CDA believes that this has ironically created a two-tiered health system - one for the wealthy and one for the average Australian. The CDA furthermore makes the following points:

- The PBS, having served Australians well for over 60 years, has not kept pace with technological advances in cancer treatment and clinical practice. As a result the approval rate of new cancer drugs is alarmingly low with Australian patients waiting longer than many other countries to access the same cancer medicine, in some cases up to 6 years longer. The average time between TGA approvals to PBS listing has blown out to 31 months, from 15 months over the past 10 years.

- Unlike many chronic conditions, cancer patients do not have the luxury of several years to wait for new advances to be made available – such delays are not only unacceptable clinically but are unacceptable to the community at large. Patients have been dying early because of delayed access to treatment.

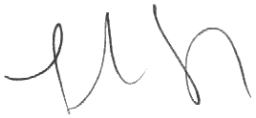
- Australian cancer patients need, expect and deserve timely access to the latest cancer drugs under a system that is fair, equitable and sustainable for all stakeholders. Such a long term solution calls for fundamental reform to the way cancer drugs are currently funded and will require broad consultation with stakeholders and society. Clearly, to do this properly will take time. While such reform takes place, Australia needs a solution in the form of a Cancer Drugs Fund similar to the UK Cancer Drugs Fund

- The CDA is committed to working with Government as well as other stakeholders to improve the timely and affordable access to new cancer medicines. The members hold the strong view that only by bringing together the expertise of those engaged in cancer treatment and support will we achieve the shared goal of world's best practice in cancer treatment in Australia

In addition, I have taken the liberty of attaching an Ops Ed piece (published in the HeraldSun Sept 17, 2013), that highlights the concerns of the clinical oncology community.

The Cancer Drugs Alliance thanks the Taskforce for the opportunity to comment on the Access to Cancer Medicines Australia Report.

Yours sincerely,



Professor John Zalcberg OAM
Co-Chair

Encl:

PBS must work quickly on cancer drugs

JOHN ZALCBERG • HERALD SUN • SEPTEMBER 17, 2013 9:02PM

Businessman and former lord mayor Ron Walker, right, with his oncologist Prof Grant McArthur, is lobbying for easier access to life-saving cancer drugs. *Source:* News Limited

THERE can be little doubt that Australian Governments and the community at large are committed to fair and timely access to healthcare. The Pharmaceutical Benefits Scheme, designed more than 60 years ago to provide equitable access to medication for all Australians, is central to this policy.

But access to cancer medicines has been increasingly delayed as a result of prolonged deliberations by the Pharmaceutical Benefits Advisory Committee and/or approval by previous Cabinets, ironically creating a two-tiered health system - one for the wealthy and one for the average Australian.

In its election campaign, the Coalition pledged to fast-track the approvals process for listing new medicines on the PBS by taking away the requirement for cabinet approval for drugs that cost less than $20 million in any year over the first four years of listing. As the newly elected Government settles in, however, further reform of current processes must be considered to ensure all cancer patients have fair access to treatment.

Actual timelines to approval for cancer medicines have been protracted in recent times - the drug ipilimumab (Yervoy) for patients with advanced melanoma, experienced a two-year delay before PBS listing, while cetuximab (Erbitux), a drug for advanced colorectal cancer, took six years to be listed.

Notably, Roche Pharmaceuticals declined to reapply for the PBS listing of vemurafenib (Zelboraf, a new class of drug for patients with advanced melanomas carrying a specific gene mutation) having been deferred twice, despite being reimbursed in 22 other countries.

From 2003 to 2013, the stark facts are that the average time from approval by the Therapeutic Goods Administration, (tasked with determining whether the benefit of a drug outweighs any safety issues) to a new drug becoming available on the PBS increased from 14.6 to 31 months. That bottleneck can only get worse as at least some of the 114 new cancer medicines currently in later stages of development, demonstrate improved patient outcomes.

Such delays are unacceptable - dramatic as it may sound, patients have been dying earlier because of delayed access to treatments - a fact we need to address as an urgent priority.

High costs associated with individual targeted medicines have understandably raised concerns at many levels, especially among oncologists and haematologists. However, as practising clinicians, we cannot let this issue override our principal responsibilities to our patients.

It's also important to put these costs into perspective. Based on the most recent available data, cancer was responsible for 19 per cent of premature death and disability in Australia. In comparison, cancer accounted for 13 per cent of total health expenditure and approximately 6 per cent of all PBS expenditure on drugs. Those figures provide some reality check for the argument that the total cost of cancer drugs is out of control.

Assessing the cost-effectiveness of cancer medicines is a particularly complex and difficult exercise. The incoming Government and the community must consider translating estimates of quality of life and prolongation of survival into their relative cost-effectiveness within a culture which gives patients with cancer the benefit of the doubt.

Other jurisdictions facing similar cost pressures (related in part to the escalating costs of medicines) have questioned the principles for determining what is cost-effective for individuals with life-threatening illnesses. The UK established the "Cancer Drugs Fund", realising that acceptable estimates of cost-effectiveness need to be relaxed for patients with such diseases. Perhaps the incoming Federal Government should examine similar measures as an interim process, while the PBS is formally reviewed to determine whether we have the right settings to consider the new and increasingly effective treatments that the era of modern genetics promises in the management of cancer.

It's not about dismantling the PBS or supporting a model where every high-cost therapy receives the green light - the sustainability of the PBS is an absolute priority. And no-one seems to have an answer for the increasing costs of individual medicines. But, we urgently need to come together for a conversation that examines ways to reform provision of affordable access to effective cancer medicines in a timely manner that reduces the inequity that currently exists. Every Australian deserves that right.

Professor John Zalcberg is the Co-Chair of the Cancer Drugs Alliance, for which he receives no financial compensation. He has been involved with clinical trials sponsored by a range of companies but including Roche, BMS and MerckSerono whose products are specifically mentioned in this editorial. He has served on advisory boards for several companies including Roche (but not in relation to their drugs used in melanoma) for which he has received financial compensation. He has not had a role in any advisory boards for BMS or MerckSerono. He has not received any payment in relation to writing this editorial which represents his personal views.

About the Cancer Drugs Alliance: The Cancer Drugs Alliance (CDA) is a not for profit multi-stakeholder organisation committed to achieving the best outcomes for Australian cancer patients through timely and affordable access to new cancer medicines. The CDA is comprised of individuals and organisations including practising haematologists, oncologists, cancer patient support groups and advocacy organisations, and pharmaceutical companies currently providing oncology treatments to the Australian community.