The Real Value of Innovative Cancer Treatments:

The Impact of Timely Access on Productivity and the Lives of Australians

Medicines Australia | CaPPRe

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Insights at a Glance: How Access to Cancer Medicines Shapes Productivity in Australia

Survival and functional participation

Timely access to innovative medicines and technologies can have a meaningful impact on an individual's cancer prognosis and daily functioning, while delays may have fatal consequences.

"My disease spread in 2015 and without access to this treatment, it would have continued to progress. So, in its simplest forms, access has kept me alive[...] It has allowed me to reemerge from survival mode into being able to thrive and engage and exist with family, friends, the community more broadly" **– Patient**

Financial burden and household economic security

We see this everyday with the patients that we are working with [...] completely exhausting paid leave entitlements from work and having to withdraw from super retirement savings prematurely to fund the treatment that they have, because it's not listed on the PBS for their cancer type." **– Patient Advocacy Representative**

When families are required to self-fund their treatments, this can lead to extreme depletion of household savings, limiting families' long-term economic security and ability to plan for the future.

Workforce participation

Patients and carers must often reduce work hours, take extended leave, or sometimes leave the workforce altogether. Effective treatments help people return to work—creating positive ripple effects across the community.

"My husband had used up sick leave, annual leave, long service leave. My siblings had used up their sick leave, my parents had used up their sick leave with attempts to manage caring responsibilities. My mum stepped down to part-time work and then left her career" **– Patient**

"I was very grateful to be able to return to work and I feel like I really do contribute to the Australian community. I'm one of only 60 people in Australia currently with my qualification" **– Patient**

Informal care responsibilities and unpaid productivity

"I very often have elderly patients who actually are the childcare providers for their family [...] and then that allows their children to participate in the workforce. If the grandparents are unable to provide that childcare which is really quite significant, certainly in the patients that I see and talk to, then it has a flow-on effect" **– Oncologist**

Lack of access to effective treatment can prevent patients from maintaining caring responsibilities. This can affect household functioning and participation in other productive activities.

Mental wellbeing and the value of hope

Access to optimal treatments in a timely manner can provide a vital sense of hope, allowing patients and their families to return to a sense of normalcy and re-engage with daily activities.

"It just comes down to giving families hope [...] So, for my family it's been everything, for my girls. Getting that first positive result [since starting the clinical trial], it's made us all happier and we can get on with our life. Like it's a very traumatic experience for teenagers to have to go through quite young, you know. " **– Patient**

Perceived impacts on the healthcare system

"The more that we can keep patients well, keep them in the community, that has a huge impact on healthcare use moving forward. So, the cost to the agent is one thing, but obviously the gains from actually controlling the cancer [...] particularly preventing hospital admissions, preventing the need for recurrent additional treatments around those symptoms that develop, has a huge impact." **– Oncologist**

Access to innovative medicines reduces ongoing interactions with the health system - helping to preserve limited healthcare resources.

This infographic summarises findings from in-depth interviews with 14 community members. Interviews were conducted, analysed and interpreted in late 2025 by researchers at Community and Patient Preference Research (CaPPRe) .
Funding was provided by the Medicines Australia Oncology Industry Taskforce.

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The experiences shared in this report are not isolated stories. They are the human face of findings from The Productivity Commission.

In 2024, The Productivity Commission examined whether additional healthcare spending in Australia has been "worth it". The answer was clear.

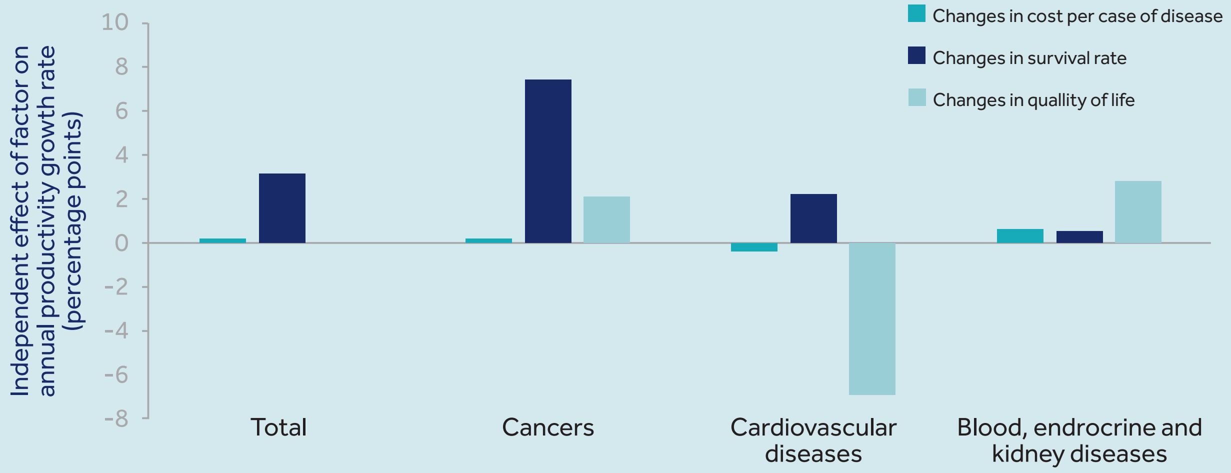
"While we have spent more on healthcare, our research shows this has been more than outweighed by improvements in outcomes delivered by the healthcare system." **– Productivity Commission (2024a, p.2)**

Productivity has grown by 3% annually, with new cancer medicines being a key driver of this growth.

"Productivity growth was particularly strong for the treatment of cancers, likely due to the introduction of new cancer therapies in the 2010s. This highlights the importance of quickly integrating new treatments as they emerge." **– Commissioner Catherine de Fontenay (Productivity Commission, 2024b)**

According to The Productivity Commission, the biggest contribution to productivity growth has come from advances in saving lives.

Changes in survival rates underpinned most of the productivity growth



Source: Adapted from Productivity Commission (2024), Advances in measuring healthcare productivity, Research Paper, Canberra.

These results are encouraging — but they also make the impact of delayed access to innovative medicines impossible to ignore.

The average time between a new medicine being approved as safe and effective by the TGA and being listed on the PBS is 466 days. That's 466 days of preventable productivity losses for households, businesses, and Australian communities.

"When someone cannot access the medicine they need, when they need it, their productivity is impacted — with ripple effects through their community." **– Liz de Somer (Medicines Australia, 2024)**

"More timely approval processes for pharmaceuticals and other medical technologies would help ensure that the diffusion of new treatments remains a positive contributor to productivity growth." **– Productivity Commission (2024a, p.4)**

With a 466 day wait time, the cost of inaction is already being felt. The Productivity Commission has identified a solution. Will Australia act on its own evidence?

Background

The landscape of cancer treatment and care has changed dramatically over the last decade, with the introduction of new immunotherapies, targeted therapies, and biomarker testing technologies. These innovations have delivered life changing – and life-saving – impacts for Australian families affected by cancer. However, decision makers must continue to weigh the costs of new medicines against the benefits they deliver to individuals and society.

In 2024, the Australian Productivity Commission (PC) examined this balance by measuring overall healthcare productivity. Put simply, the PC asked: as healthcare spending continues to grow in Australia, are we achieving better outcomes for the extra money spent? The PC concluded that, overall, the answer is yes. It found that investment into innovative cancer medicines, in particular, has been a key driver of productivity growth in the health system. This indicated that increased spending in cancer care has been “worth it” from an economic perspective, ultimately providing net benefits for society. **To further strengthen productivity outcomes, the PC recommended more timely approval of pharmaceutical and medical technologies moving forward.**

The PC’s research has provided robust quantitative evidence that faster access to new medicines improves social and economic outcomes. However, the individuals at the centre of the issue – patients and their families - are often missing from the conversation. Productivity is not just an economic statistic, it is lived and felt in the day-to-day realities of patients and all those around them.

Introduction

In late 2025, Community and Patient Preference Research (CaPPRe), on behalf of The Medicines Australia Oncology Industry Taskforce (OIT), interviewed fourteen people with direct experience of cancer care in Australia to explore how productivity is experienced in real life.

This report summarises qualitative findings from those conversations, illustrating how timely versus delayed access to new medicines and technologies affect patients and families, the workforce, healthcare services and the broader Australian community. Insights presented are drawn from the lived experiences of seven patients and carers, and the professional perspectives of three patient advocacy representatives, two medical oncologists, and two health economists.

To capture a holistic picture, we spoke to families who have been able to access the best treatment in a timely manner, as well as those who have been negatively impacted by access issues, including delays in listings on the Pharmaceutical Benefit Scheme (PBS)/Medicare Benefits Schedule. Participants had lived experience across a wide range of cancer types, including pancreatic, lung, gastrointestinal, blood, ovarian, and brain cancer, in addition to several other rare or less common cancers.

The quotations presented in this report vary in the level of detail provided. Some include demographic or contextual information, while others are fully anonymised. This reflects individual privacy preferences and our commitment to respecting those preferences. We are deeply grateful to all participants, particularly the patients and carers who shared their stories and trusted us to represent their experiences with care and integrity.

About CaPPRe and OIT

Community and Patient Preference Research (CaPPRe) is an independent Australian-based research organisation specialising in research to understand patient preferences and experiences.

The Medicines Australia Oncology Industry Taskforce (OIT) represents 13 member pharmaceutical companies committed to improving access to cancer medicines for Australian patients.

Reported impacts on survival and functional participation

All individuals we spoke to described witnessing or experiencing first-hand the meaningful impact of timely access to innovative medicines and health technologies on one's cancer prognosis.

As summarised by a medical oncologist, ***"These medicines can improve survival, they improve the responses to treatment, they reduce symptoms, they improve quality of life."*** Importantly, access to new genomic testing technologies was, for many, just as critical as access to pharmacological treatments. As highlighted by a carer, ***"The diagnostics, by the way, are just as important as the treatment itself, because they dictate what treatment you take. It's lifesaving."***

Several patients shared examples of how access to innovative therapies had directly altered their prognosis. We heard from:

- A father of two with blood cancer who received government funding to access CAR-T therapy overseas and is in remission.
- A mother with ovarian cancer who was initially told she only had months to live and has since surpassed the six-year mark, after receiving compassionate access to a targeted therapy.
- Two women who have maintained disease control for over a decade, due to the effectiveness of targeted therapies received through the PBS and compassionate access, respectively.

> *"In its simplest terms, without the treatment I wouldn't be here because my disease spread in 2015 and without access to this treatment, it would have continued to progress. So, in its simplest forms, access has kept me alive."*
>
> **— Patient who has received compassionate access to targeted therapy not listed on the PBS**

Participants consistently described how newer therapies had delivered meaningful improvements in day-to-day functioning, enabling them to slowly reengage with daily activities. In addition to disease control, participants associated some newer medicines with more manageable side effects and more convenient methods of administration, as was illustrated by a woman living with pancreatic cancer.

> *"[On] chemotherapy, quality of life was none. Like it was zero. I would sit in this spot right here on this lounge or in bed […] The clinical trial is completely different. It's not chemo. The targeted therapy I'm on, the side effects are manageable and to be honest it's just taking tablets […] So, yeah, that's been a big change, absolutely."*

Patients who experienced longer term disease control described quality of life improvements that extended beyond symptom management, allowing them to reengage more fully with family life, social activities and their communities.

> *"Now that I'm in complete remission, I can pursue life again and I can pursue being fit, I can go out and play golf, I can, you know, be rough and tumble with the kids without worrying that my body is going to break."*
>
> **— Patient who received CAR-T therapy overseas. As of May 2026, this therapy has not been recommended for funding in Australia**

These improvements to survival and quality of life had important productivity implications for patients and their loved ones, allowing them to maintain everyday activities, caring roles, social participation and, as one health economist noted, ***"engage with their community and be part of the productive economy."*** Importantly, the PC report found that *"the biggest contribution to productivity growth has come from saving lives"* (Productivity Commission, 2024a, p.3). The experiences illustrated above highlight what these lives actually look like, and why they matter.

The difference between timely access and delayed access

On average, it takes 466 days for a new medicine to be reimbursed through the Pharmaceutical Benefits Scheme (PBS) after registration with the Therapeutics Good Administration (TGA) (Medicines Australia, 2022).

Positive experiences described by patients were due to being able to access the most appropriate medicines and technologies at the time they were needed. Each of the patients have been actively involved in advocacy work to help ensure such opportunities are available to others in Australia. However, the medical oncologists and patient advocacy representatives consistently emphasised that timely access is often the exception rather than the norm, with many patients being unable to access the most effective treatment for their condition, even when these treatments have been approved by the TGA.

> *"You know these drugs are out there, you know they've worked, you may have done the trials and seen the benefits, but you can't actually access them for patients, which is frustrating."*
>
> **— Medical oncologist**

When asked whether they could recall memorable examples of their patients accessing optimal treatments in a timely manner, one oncologist responded:

> *"That is not something that happens in Australia and I can't think of any example of where we've had an expedited process around access to a drug that has proven efficacy, proven benefits to patients[…] I think that's a real shame in a country as advanced as Australia, that we don't have the most up-to-date treatment, proven treatments as quickly as possible."*
>
> **— Medical oncologist**

The people we spoke to described the harsh reality that delays in accessing treatment can have life limiting and fatal consequences for Australian patients.

> *"People are dying and suffering when we know that there are treatments out there that are effective and that is something that really has to change."*
>
> **— Patient advocacy representative**

> *"Over the time that it was taking to get access, you know, every month, that was just tens and tens of Australian women that wouldn't access the treatment and that it might impact their survival […] the sad reality is that people do die waiting for treatments that might have been effective for them."*
>
> **— Patient advocacy representative**

> *"In cancer care we are dealing with lifesaving treatments, and the patients can't wait. So what happens, they miss out, some patients will die […] if they can't afford it, if they can't pay and they are not on a clinical trial and there are no other options then the patient doesn't receive the treatment. So, that's pretty binary and these are time critical."*
>
> **— Medical oncologist**

The PC report was unambiguous about the benefit of more timely approval processes:

"More timely approvals processes for pharmaceuticals and other medical technologies would allow these new treatments to diffuse through the healthcare sector faster, boosting productivity growth"

(Productivity Commission, 2024a, p.19)

Financial burden and household economic security

When medications and technologies are not publicly funded, patients and their families who wish to access them must do so privately, commonly paying out of pocket - unless they are able to join a clinical trial or obtain compassionate access through the pharmaceutical company that manufactures the product, as was the case for some of our participants.

One carer we spoke to, a mother of two young children, has been tirelessly advocating for access to treatment for her husband. While the treatment has demonstrated effectiveness for his cancer type and received TGA approval more than a year ago, it has not yet been funded by the PBS. As a result, the only option available to the family has been to self-fund the treatment at a cost of nearly $30,000 per month.

> ***"We're a young family with two kids, a mortgage, we're not super high-income earners and it's kind of just so far out of reach. My parents have been considering selling their property, which, you know, is not like an investment property by the beach, it's my family farm, it's our home, it's where we were raised […] We're organising fundraisers and our friends did a "Go Fund Me". We are kind of doing everything that we can, but how long is a piece of string? Like okay we scrape together [the amount we need], which is a lot for a young family, to get one month […] Then what happens when that 30 days is up? Are we going to go around to all of our friends again who have young families and say, you know, can we have some more money?"***
>
> **— Carer**

Another carer we spoke to is currently preparing to shoulder the cost of treatment which is expected to be between $5000 and $9000 dollars a month. There were dozens of similar examples raised by other participants, where families have been required to pay out of pocket for innovative cancer treatments at costs that can exceed $100,000 per year. We heard accounts of people selling or re mortgaging their homes, drawing down life savings and superannuation, or redirecting funds intended for children's inheritances or major life goals such as starting a family through IVF.

> ***"We see this everyday with the patients that we are working with […] completely exhausting paid leave entitlements from work and having to withdraw from super retirement savings prematurely to fund the treatment that they have, because it's not listed on the PBS for their cancer type."***
>
> **— Patient advocacy representative**

Several participants emphasised the difficult and often irreversible trade-offs families face when considering whether to self-fund treatment, particularly given the uncertainty of outcomes.

> ***"It might be that they are mortgaging their house or that they are using funds that they had put aside for their children. This is all without a guarantee that the treatment is going to work and that they are going to be here long term. So, they are having to grapple with such a decision around, you know, what if this isn't worth it and I'm sacrificing, my home or my children's inheritance or whatever it might be."***
>
> **— Patient advocacy representative**

> ***"I know multiple patients who were not able to access the treatment that I'm on. Some of those patients either crowd funded or they leant on charitable organisations, or they drew down off their mortgage or a combination of the three to be able to fund the treatment […] there was one patient who decided not to pay [..] he said, if it doesn't work, then I'm just dying anyway but leaving my wife more debt."***
>
> **— Patient**

Medical oncologists noted that, in many cases, these medications are expected to eventually receive public funding, making the financial burden patients are forced to take on through self funding particularly frustrating.

Overall, the costs described by participants represent not only immediate financial hardship but an extreme depletion of household savings with long term impacts for the family's economic security. As illustrated in participant quotes, this can limit a household's capacity to plan for the future, invest in long-term goals, and participate productively over time.

Our interviews also showed that financial impacts can extend beyond a single household, as friends, family, and community members help share the burden of self-funding. These significant financial losses can be avoided when patients can access medicines, at the time they need them, through the PBS. Indeed, the importance of affordable medicines has been reinforced at the highest levels of government, with The Hon. Mark Butler MP, Minister for Health and Ageing noting ***"Access to affordable, effective medicines can change lives"*** (Butler, 2025a).

Workforce participation

Like many life-altering conditions, a cancer diagnosis can result in patients taking extended or indefinite leave, significantly reducing work hours, or exiting the workforce altogether, as was frequently described by the people we interviewed. A health economist explained that this is a significant concern because ***"a lot of these cancers are prevalent in age groups where people are at their most productive working years."***

> *"We are seeing young patients who, if they don't have access to new agents and they are working, their cancer progression leads to them obviously not being able to work either as much, or at all."*
>
> **— Medical oncologist**

Participants also consistently highlighted the impact of cancer on workforce engagement of informal carers, which may include the patient's spouse, children, or parents. Many reported situations where carers had scaled back work hours or exhausted all leave entitlements in order to manage care responsibilities, such as attending appointments, managing treatment side effects, and responding to periods of severe illness.

> *"A lot of [carers] struggle to work because taking their patient or their loved ones to appointments is a very, very fulltime activity. And it's very essential when the patients are so sick."*
>
> **— Patient advocacy representative**

> *"My husband had used up sick leave, annual leave, long service leave. My siblings had used up their sick leave, my parents had used up their sick leave with attempts to manage caring responsibilities. My mum stepped down to part-time work and then left her career so she was more flexible and able to then support me."*
>
> **— Patient**

One example from a medical oncologist highlighted how a delay in treatment access has been directly responsible for the disruption of an informal caregiver's education.

> *"I've got one patient at the moment who is basically not able to attend university because they are caring for their mother. [The mother] is struggling to access one of the drugs which may help achieve some disease control, and allow [the carer] to be able to go back to university rather than caring for their mother."*
>
> **— Medical oncologist**

In contrast, participants described how timely access to effective treatments can help alter this trajectory, allowing patients (and their carers) to maintain employment and return to work, whether part-time or through other flexible arrangements.

In many professions, the loss or prolonged absence of a single worker can have substantial effects on the organisation/business or on important services that affect the broader community. For example, we spoke to patients and carers who were educators, members of the Australian Defence Force, business owners in regional communities, highly specialised healthcare professionals, and mentors within their respective professions. For these individuals, their workforce participation has far-reaching effects.

> *"Kids are probably not receiving the optimal education, probably missed out on a teacher for a week or two while they had to probably look for a replacement. I'm sure similar analogies can be drawn to other lines of work. No matter what your line of work is, people are going to be affected when you are out of that work."*
>
> **— Carer**

> *"I was very grateful to be able to return to work and I feel like I really do contribute to the Australian community. I'm one of only 60 people in Australia currently with my qualification. I trained overseas and I teach [my healthcare speciality]."*
>
> **— Patient on targeted therapy**

> *"I have been able to return into the system, providing mentoring support, leadership for new [graduates], my boss said I have had a profound impact on particularly the first and second year out [graduates]."*
>
> **— Patient on targeted therapy**

In summary, these accounts illustrate how timely access to effective cancer treatments can help preserve workforce participation for both patients and carers. This reduces workforce instability and skill loss which have productivity impacts that extend well beyond individual patients. As one patient emotionally reflected, delays in access can result in the permanent loss of human capital.

> *"I think of a patient that did move overseas to access treatment too late. She passed away earlier this week […] The society has invested so much into her with 19 years of education […] she never had the opportunity to give that experience of education back to the community. If she had access to the right treatments or if research had moved a little bit quicker, then that could be a different story."*
>
> **— Patient**

The PC report found that life-saving treatments have made the biggest contribution to healthcare productivity growth in Australia. These are not abstract statistics, they represent the lives of educators, healthcare professionals, trades workers, mentors, and employers. Every delayed or denied treatment represents a potential and permanent loss to the Australian workforce and economy.

Informal care responsibilities and unpaid productivity

In addition to being members of the workforce, patients are also sons and daughters, parents and grandparents – each with their own care responsibilities. Participants described how these responsibilities become challenging or impossible to fulfill when a patient is acutely ill.

As noted by a patient advocacy representative, cancer patients are often in the ***"sandwich generation"***, where they are providing care to their own children as well as elderly parents which makes the impacts more significant. Additionally, a medical oncologist explained how elderly cancer patients are often providing crucial care for their grandchildren.

> ***"I very often have elderly patients who actually are the childcare providers for their family, so they do the school run, they pick up the grandchildren from activities, etc., and then that allows their children to participate in the workforce. If the grandparents are unable to provide that childcare which is really quite significant, certainly in the patients that I see and talk to, then it has a flow-on effect […] So, there is a broad-based impact that comes from not being able to access drugs that do have the ability to control cancer progression."***
>
> **— Medical oncologist**

When a patient is unable to fulfill these care duties, those responsibilities naturally shift to other family members, which have ripple effects for the household. For example, one carer was navigating the challenge of caring for her two young children, while simultaneously caring for her husband diagnosed with cancer, and balancing this with the need for paid employment.

> ***"I've got two kids who I can't leave because there is no one else to look after them and I've also got to constantly look after my husband as a result of the tumour […] and then again it's like okay, someone needs to work and it can't be you [husband] because you are sick, but also you can't look after the kids and you also can't be alone."***
>
> **— Carer**

In contrast, patients who have accessed from innovative cancer therapies recalled how these therapies enabled them to participate actively again in caregiving roles, whether in a parenting capacity or in their care for elderly parents.

> ***"It's given me the opportunity to participate more actively within family life, within my son's, in a parenting capacity."***
>
> **— Patient**

> ***"We would have maybe three specialist appointments at two different hospitals for mum in a week and I feel tremendous privilege that I was well enough to be able to do that for her. I think in terms of the Australian community, we saved them a lot of money by not accessing nursing homes or nursing care. We cared for mum."***
>
> **— Patient**

Overall, these quotes demonstrate that when individuals can fulfill care responsibilities it leads to smoother household functioning, frees up family members time for other activities (including work participation), and improves outcomes for that family as whole. As described by a health economist, what these treatments offer is ***"family stability"*** which, from his perspective ***"is a huge part of the value of a cancer medicine."***

Mental wellbeing and the value of hope

Our interviews emphasised that a diagnosis of cancer carries an intense emotional burden for patients and their loved ones. Patients recounted the fear they experienced at diagnosis, with one patient stating ***"there is nothing scarier than thinking that you are going to die young and miss out on all the things that normal people just assume they are going to be able to experience,"*** while another patient recalled ***"my poor husband [was] sitting there shaking"*** as the oncologist described the severity of the cancer prognosis.

Participants emphasised that access to effective treatments and testing technologies provide a vital sense of hope to patients and their families. Notably, over half of the people highlighted the value of having hope in relation to treatment access.

> ***"There are those things we can measure […] and then there are those things that we can't measure like the value of hope and the value of certainty and the value of being around so that you can then get access to better treatments that come along through the pipeline."***
>
> **— Health economist**

The value of hope, as described by the health economist above is largely immeasurable, but firsthand patient experiences help illustrate some of its tangible effects, such as allowing people to finally ***"take a breath",*** not be ***"trapped in fear",*** and to ***"get on with life."***

> ***"It just comes down to giving families hope […] So, for my family it's been everything, for my girls. Getting that first positive result [since starting the clinical trial], it's made us all happier and we can get on with our life."***
>
> **— Patient**

> ***"[The CAR-T therapy has been] peace of mind for me, but it's also peace of mind for my family, my friends, everybody around me who's also dealing with the fact that I'm unwell […] So, by having access to those therapies, everybody was able to just take a deep breath and rest for a minute."***
>
> **— Patient**

> ***"The emotional impact is profound. There is no question that it strengthened my hope in the ability to have a treatment that will allow me to live longer. So, with that hope in science and research and access, it has decreased my anxiety, improved my broader sense of optimism and hope for the future. Just makes the days a lot more manageable and allows me to see the horizon, as opposed to being trapped in the fear of not being able to make it to my next birthday."***
>
> **— Patient**

The PC's measure of productivity accounted for not only survival but quality of life, recognising the crucial importance of both outcomes. The hope and mental wellbeing described by participants are central to achieving that quality of life and put simply, are a foundation for any other form of productive engagement with work, family, and society.

Participant experiences suggest uncertainty and fear can be paralysing, while hope allows people to return to a sense of normalcy, continue planning for the future, and reengage with daily life and society.

Perceived impacts on healthcare system productivity

While the previous sections have focused on the impacts of timely access for the productive functioning of patients, families, and their communities, participants also spoke to productivity implications for the healthcare system as a whole. Participants highlighted that newer therapies may offer more convenient modes of administration and more manageable side effects, which can reduce the need for clinic visits and, in turn, free-up hospital resources.

> *"When we think about people whilst they're having chemotherapy, not only the inpatient costs when they are sitting in a chair having their infusion but should they need to return to hospital because of infection risk and complications of chemotherapy."*
>
> **— Patient advocacy representative**

> *"This is something that often gets forgotten - it frees up those healthcare resources to be used for something else. So, you don't have an infusion ward full of people receiving cancer therapy, you can use those hospital resources for emergency care, cardiac care or something else."*
>
> **— Health economist**

Moreover, participants consistently described how timely access to the necessary testing technologies and best available treatments ultimately keeps patients well and reduces their interactions with the healthcare system, including the need for additional interventions or secondary treatments.

> *"Having access to a therapy that controls my disease significantly reduces my burden on the heath system, reduces the amount of appointments I make, reduces the interventions required, the intensity of the surveillance."*
>
> **— Patient**

> *"The more that we can keep patients well, keep them in the community, that has a huge impact on healthcare use moving forward. So, the cost to the agent is one thing, but obviously the gains from actually controlling the cancer […] particularly preventing hospital admissions, preventing the need for recurrent additional treatments around those symptoms that develop, has a huge impact."*
>
> **— Medical oncologist**

Ultimately, contributors to this research were clear that timely access offers an important opportunity to reduce burden on an already strained healthcare system. This view is reinforced by PC's findings and a direct statement from Commissioner Catherine de Fontenay: ***"A healthcare system that gets people in and out of hospital quickly and cheaply isn't much good if those patients aren't getting better"*** (Productivity Commission, 2024b). Participants highlighted that timely access to innovative medicines is precisely what delivers better outcomes for patients and ultimately better value from Australia's healthcare investments.

Why timely access matters for all Australians

These interviews demonstrated the wide-reaching impacts that cancer has on the productive functioning of families and communities, and how timely access to effective treatments and testing technologies is often critical to limiting these impacts. Patients emphasised that access to innovative therapies have kept them alive and well, and in many cases has fundamentally changed their prognosis.

This access enabled patients and their families to re-engage with daily life, return to the workforce in community-serving roles, fulfill crucial caregiving responsibilities (particularly amongst those in the ***"sandwich generation"***), and often reduce their reliance on an already strained healthcare system. In addition, participants described how access to new treatments provided a powerful form of hope and improvements to mental wellbeing. Participant quotes suggest that this served as a prerequisite for social and economic participation, ultimately allowing families to move beyond survival mode and continue planning for the future.

When access is delayed or denied

Conversely, contributors to this research shared the profound personal, social, and economic burden that is experienced when access to safe and effective treatments are delayed. Families that can afford to, may sell their assets, exhaust their life savings, and sacrifice long term financial security to self-fund treatment. Where this is not possible, medical oncologists and patient advocacy representatives described witnessing children and spouses leaving the workforce to become full-time carers and, in instances of cancer progression, painstakingly watching their loved ones decline, often while knowing an effective treatment exists.

As one health economist explained, these impacts compound the longer that treatment is delayed: ***"Delays in access mean that patients are sicker for longer […] that person is not able to work and contribute to the family and to society. They get sicker as time goes on, they consume more healthcare resources […] The longer that delay happens, the more impact is generated."***

The accounts in this report underscore that access to innovative cancer medicines is not only a healthcare system issue, but a society-wide concern. **When access to life-saving treatment is delayed, productivity losses are felt across households, businesses, the health system, and broader Australian society.**

It’s time to recover this loss

Our participants frequently acknowledged that decisions about treatment funding - such as those made by PBAC and the Medical Services Advisory Committee (MSAC) - are complex and require careful weighing of costs and benefits. At the same time, there was a strong and consistent view that the current system is struggling to keep pace with the rate of innovation and may undervalue broader societal impacts.

> ***“I know the health technology assessment process is hard, but there can be improvement, and it needs to move with the times, as we do.”***
>
> **— Medical oncologist**

> ***“These are very difficult decisions that they’re making. They can’t pay for everything, and they have to choose very carefully what it is that they pay for and how much they pay for it. So, I’m a big supporter of the system; equally I think that sometimes they possibly undervalue some of the second and tertiary effects.”***
>
> **— Health economist**

Importantly, participants noted that credible ideas to improve access already exist and are already under active discussion, particularly in relation to rare and less common cancers. As one medical oncologist described, the shared objective is to ***“try and shorten the time between when the science tells us the right thing to do and getting the drug to patient.”***

These statements echo the PC’s recommendation to implement ***“More timely approval processes for pharmaceuticals and other medical technologies”*** (Productivity Commission, 2024a, p.4).

With both cancer incidence and the rate of innovation increasing, participants expressed concern that without substantial change, delays between scientific advancements and patient access in Australia will continue to widen. Affordable access to effective medical technology has always been a moral imperative, but evidence from the Productivity Commission - and powerful conversations with Australians - have demonstrated that it’s also an economic one.

Next steps – A call to action from the Medicines Australia Oncology Industry Taskforce

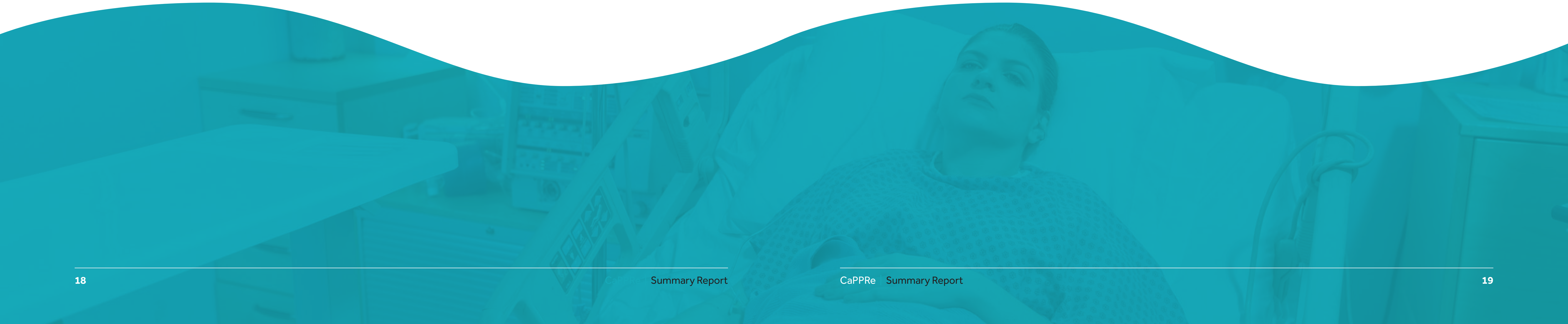
It’s now time to ensure ***“the diffusion of new treatments remains a positive contributor to productivity growth”*** (Productivity Commission, 2024a, p.4).

1. Long overdue reform to Australia’s Health Technology Assessment policies and processes, as outlined by 50 recommendations delivered in 2024 is required (Health Technology Assessment Policy and Methods Review, 2024). Minister Butler acknowledged this saying the recommendations were ***“essential to advancing reforms that improve access to medicines”*** (Butler, 2025b).
2. As part of these reforms, pricing policy must ensure the innovation intrinsic to breakthrough medicines is appropriately valued. One way to achieve this would be to require the PBAC to consider the productivity benefit of a therapy when evaluating cost-effectiveness, patient cohort, and pricing.
3. Government investment in the PBS must increase to ensure Australia is able to access innovative medicines and enjoy the productivity benefits they bring. Stagnating levels of PBS investment are not sufficient to ensure the timely access to innovative medicines that Australians need. Increased investment is required to deliver the productivity gains described in this report.
4. A national horizon scanning capability will be essential to ensure Australia’s health resourcing and policy settings are prepared to support the advances in innovation and timely and equitable introduction of new health technologies.

> ***“As the Productivity Commission put it, and I quote, “we’ve spent more on health care, but it’s been worth it”. Put simply, when medicines are more effective and more affordable, people can manage their conditions effectively, stay engaged in work and contribute to a stronger economy. When medicines help Australians avoid hospitalisations or reduce complications or return to work sooner, their impact extends far beyond the health system.”***
>
> **– The Hon. Mark Butler MP, Minister for Health and Ageing, AFR Healthcare Summit, 30 March 2026 (Butler, 2026).**

Limitations

Access to medicines in Australia is a complex issue, and this report does not aim to provide a comprehensive analysis or reflect the views of a representative sample of relevant groups (patients, carers, patient advocacy, oncologists, health economists). Rather, it gives voice to lived experiences, highlighting the tangible human impact of access to innovative cancer medicines and the implications for productivity, as described by individual Australians.



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