



**Submission to the Health Select Committee re. Petition of  
Emma Crowley for Breast Cancer Aotearoa Coalition: Fund  
breast cancer drugs**

**18 June 2019**

## Petition of Emma Crowley for Breast Cancer Aotearoa Coalition: Fund breast cancer drugs

### Submission from the Breast Cancer Aotearoa Coalition

#### Petition request

**That the House of Representatives urge the Minister of Health to provide sufficient funding to PHARMAC to subsidise all of the drugs listed in the European ESMO guidelines for the treatment of advanced breast cancer.**

#### Petition reason

**Each year over 600 NZers die from advanced breast cancer. NZ has very few funded drugs available to treat this disease, resulting in shorter lives of poorer quality than in countries where effective medicines are funded. Our median survival time is 16 mths compared to 3-5 yrs elsewhere. In those countries oncologists tailor treatments involving several different drugs to individuals. For NZ's breast cancer survival to improve, we need funded access to the medicines that are standard elsewhere.**

#### What are these drugs?

There are numerous sub-types of breast cancer, each with a different treatment pathway, involving different sequences and combinations of drugs. Not everyone will receive each drug, and as soon as a patient's cancer progresses, they will be moved on to a new drug or combination of drugs (a new 'treatment line').

When treating advanced breast cancer, oncologists aim to maximise the quality and length of life for each patient by individually tailoring their treatments, so that the most effective treatment line can be used when it is needed. It is by no means a one-size-fits-all situation, and to get the best outcomes, both patients and oncologists need access to a range of drugs.

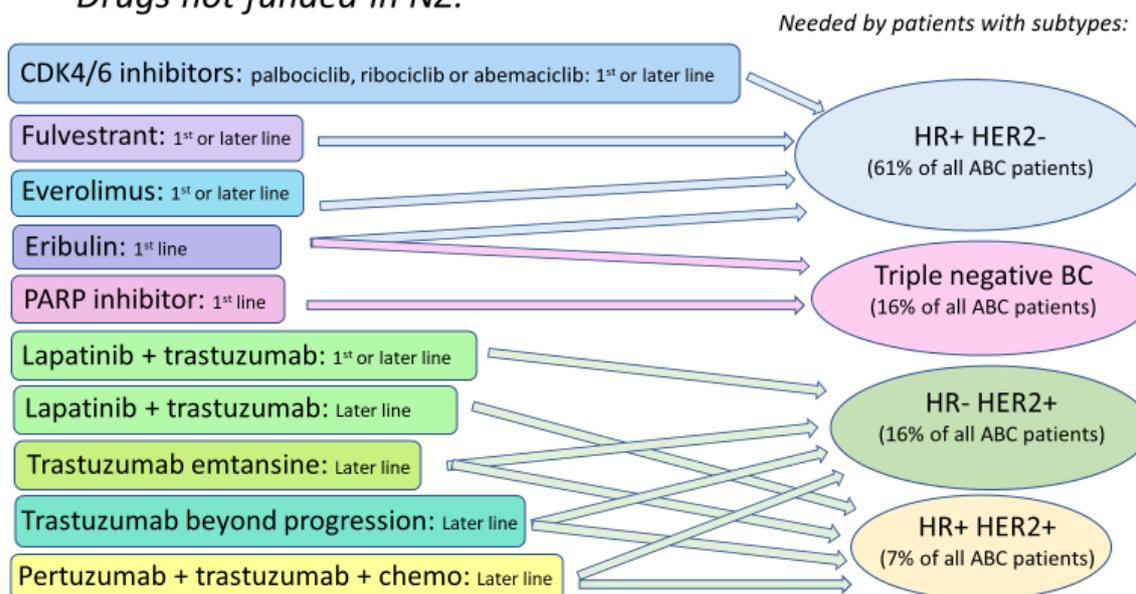
Overseas research shows that the more lines of treatment available, the longer patients with advanced cancer live, with a better quality of life.

NZ funds some of these drugs, but we lag behind the rest of the developed world. There are significant gaps in 'the breast cancer tool kit' of medicines and treatment lines available to New Zealand oncologists and patients when compared to other developed countries.

Six medicines recommended as part of the oncologists' tool kit are not funded at all in New Zealand and three others are funded for limited uses. This greatly restricts our oncologists' ability to tailor treatment courses to individual patients.

Twenty-four different countries [1] authored the ESMO advanced breast cancer guidelines [2]. Thirty-nine countries around the world, including NZ, use the ESMO guidelines. Not all countries have access to all the medicines mentioned, but clinicians use the guidelines as far as they are able [3].

## Drugs not funded in NZ:



### Notes:

- HR = hormone receptor; HER2 = human epidermal growth factor 2 receptor; Triple negative breast cancers do not have HR or HER2 and are difficult to treat.
- CDK4/6 inhibitors are a class of drugs, including palbociclib (Ibrance®), ribociclib and abemaciclib.
- Trastuzumab emtansine is also known as T-DM1 or Kadcycla®.

### How long have these drugs been funded in other similar countries?

Subsidised drugs for advanced breast cancer	Australia	Canada	Scotland	UK	NZ
CDK4/6 inhibitor: palbociclib	May 2019	Nov 2016	Dec 2017	Nov 2017	Under review
CDK4/6 inhibitor: ribociclib	Jul 2018	Apr 2018	Mar 2018	Nov 2017	Under review
CDK4/6 inhibitor: abemaciclib			May 2019	Apr 2019 CDF*	NC
eribulin	Oct 2014	Aug 2012	Mar 2016	Dec 2016	NC
everolimus	Jun 2014	Mar 2013	Mar 2016	Dec 2016	Under review
fulvestrant	Oct 2016	Feb 2018	Dec 2017 (with palbociclib)	May 2019 (with abemaciclib)	Under review
PARP inhibitor: olaparib				Under review	NC
trastuzumab emtansine	Jul 2015	Jan 2014	Apr 2017	Jul 2017	Under review

lapatinib: 1 <sup>st</sup> and 2 <sup>nd</sup> line with trastuzumab	May 2008				Use with trastuzumab specifically excluded. Lapatinib approved 1 <sup>st</sup> line only Feb 2012
Later line pertuzumab	Jul 2015	Aug 2013	Jan 2019	Jun 2017	Decline recommended Sep 2018
trastuzumab beyond progression	Jan 2012				Decline recommended Feb 2011; ranked Nov 2013

\*CDF: UK Cancer Drugs Fund. NICE (UK organization that approves public funding for drugs) will review abemaciclib in Feb 2020. NC indicates not considered. Blank cells are data gaps.

### What will this cost?

We have estimated that providing NZ patients with advanced breast cancer (ABC) with the ESMO-recommended drugs currently unfunded here will cost between **\$30 and \$33 million per year**.

These estimates, which are based on the Australian government list prices, assume that there are 1,000 NZ ABC patients alive at any one time [4], receiving treatments according to their subtype, and that PHARMAC will be able to negotiate a 50% rebate on list prices. If only a 40% rebate was achieved, the cost would be between \$36 and \$40 million per year.

The New Zealand health budget in 2019 was \$19.9 billion. Just 5% of this, \$995 million, is allocated to medicines. In comparison, other developed countries spend a higher percentage of their health budget on drugs: Canada 17.6%, Australia 14.5%, and the UK 11.4%. Across the OECD, the average spend is 14.5% of the health budget [5]. To reach the average of other OECD countries, New Zealand would need to triple the portion of the budget allocated to medicines.

Per capita, New Zealand spends just \$200 on medicines each year [6]; the OECD average is \$950 [5].

### Will improving access to medicines improve outcomes for NZ ABC patients?

At the population level, improving breast cancer outcomes involves a wide spectrum of activities, from better risk assessment, targeted screening, earlier detection, greater public health literacy, prompt access to surgeons, radiation oncologists, medical oncologists, imaging and pathology services, as well as the facilities, staff and training needed for these. However, access to new medicines accounts, to a large extent, for major improvements in breast cancer survival in the developed world over the last 40 years [7].

While screening undoubtedly detects breast cancers at earlier, more treatable stages, it is an unfortunate fact that 30% of breast cancers will recur, and 6% are advanced at first diagnosis. This petition addresses the needs of approx. 1,000 New Zealanders living at any given time with ABC. They currently do not receive the standard of care and do not live as long as they would if they lived in Australia, Canada, Scotland or the UK, for example.

As research continues to reveal the multiplicity of sub-types of breast (and other) cancers, the ongoing discovery of new medicines to target each type more precisely, at points of diagnosis, recurrence/relapse or progression, is leading to more effective treatments, better quality of life and longer life for cancer patients.

For those whose breast cancer has advanced, medicines form the major part of therapy to improve and extend life. Some treatments for ABC may involve surgery (e.g. hip replacement if the cancer has destroyed bone tissue) or radiotherapy (e.g. for brain metastases or pain management), but mostly medicines are used.

ABC patients live longer in countries that devote more of their health budgets to providing medicines for their people [3, 4] (see below).

#### Inter-country comparisons of breast cancer outcomes, screening and medicines expenditure.

	NZ (all)	NZ Māori	NZ non- Māori	Australia	UK	Canada	Germany	France	USA
ABC median survival (months)	16	12.8	16.5				36.8	37	33
ABC one-year survival (%)	58	50	59	74			67		80
ABC five-year survival (%)	14	5	15	44			20		26
Screening participation (%)	71.8	66.1	72.3	54.5	75.1		54.2	51.9	79.5
Spending on medicines (% of total health budget)	5.4			14.5	11.4	17.6	14.3	13.9	12.3
Spending on medicines (% of GDP)	0.34			1.35	1.12	1.86	1.59	1.6	2.1
Spending on medicines (US\$ per capita)	136			640	476	833	778	663	1208

Red shading denotes lowest ranking, green shading denotes highest. Blank cells are data gaps.

#### Why should NZ do this?

Are we a poor country?

Of the 36 OECD countries, only Mexico spends less per capita on medicines than New Zealand [8]. This does not reflect our economic position in the OECD. As of 2018, New Zealand's GDP ranks 20<sup>th</sup> of the 36 OECD countries, with our USD 39K per capita being close to the USD 42K per capita average. Mexico ranks lowest in the OECD with USD 19K per capita [9]. We are not a poor country.

Do we care?

The Health Select Committee heard personal submissions on the Terre Maize petition to fund Kadcyła® and Ibrance® from 20 Metavivors, New Zealand women with advanced breast cancer needing these two medicines. There were many more written stories from women unable to appear

before you because they were too unwell or had work or family commitments. We know that hearing these submissions was a very moving, if not harrowing experience for all of you. These women courageously shared their stories of avoidable suffering in the hope that you would recognize the harm being done to them personally and to their families by our failure to fund modern medicines that would give them better health and more life. They know you listened and hoped you would act rapidly to inform your parliamentary colleagues of the urgent need for reform in our dysfunctional medicines funding system so they could continue to live their lives.

New Zealand strives to be a compassionate country that supports its vulnerable citizens. But we are failing miserably when we refuse to provide effective medicines for cancer patients, consigning them to avoidable suffering and early death. This leaves women with the dilemma of whether to mortgage their family home, sell their assets, spend their retirement savings or children's education funds or fundraise to buy medicines their specialist oncologists tell them will give them better health and more high-quality time alive. Even with 'Give-a-little' pages, few can raise enough to fund more than 1-3 rounds of treatment. As you have heard from Metavivors, this time is precious, whether it be to support their children as they grow up, be remembered as a loving parent and not just a photograph, be there for family milestones or continue to contribute to society through their careers and voluntary work. These women have paid taxes all their lives and they feel abandoned and lost when they discover we have a medicines funding system that is harsher than any other in the developed world.

Our current system results in longer, better lives only for those who can self-fund modern medicines [10]. This drives and magnifies socioeconomic and ethnic inequities and has a particularly harsh impact on Māori and Pasifika women and their families [4, 11]. This is unacceptable in New Zealand in 2019.

### How did we get here?

The PHARMAC model was created 25 years ago before the advent of modern targeted medicines. The system was designed to constrain pharmaceutical spending while delivering adequate health outcomes. It aimed to achieve this in part by having a capped budget, and performance measured in terms of savings.

This is unique in our health system. A positive feature of this model is PHARMAC's ability to negotiate with pharmaceutical companies to achieve low prices for medicines. However, modern targeted medicines are expensive and the system needs to be better funded to enable access to medicines that can make a real difference for people with cancer and other disorders. The high cost of some new medicines is an issue being grappled with across the developed world and is one that New Zealand must urgently address. Recent comments from David Clark suggest that he is either in denial or woefully unaware of this problem. There has been no effort to introduce a workable interim system for those needing high-cost medicines now. They are allowed to suffer and die early while waiting for the Ministry of Health to acknowledge there is a problem and develop a solution. This is unacceptable.

Over the years PHARMAC staff have been proud to report the flatlining of pharma spending compared with that of other countries. The effects have compounded over the years to leave us now at the bottom of the OECD in investment in and access to modern medicines. This is not sustainable in a humane society.

PHARMAC's CEO Sarah Fitt has recently clarified that the organisation is happy for things to continue as they are. There is no evidence that PHARMAC aspires to significantly increase its budget to deliver better health outcomes for NZ.

The Prime Minister, the Finance Minister and the Minister of Health, no doubt on the advice of PHARMAC, have all recently stated that they are satisfied with NZ's current level of investment of 'nearly a billion dollars' in medicines.

There appears to be little understanding among politicians of the damage that this is doing to New Zealanders. The Health Select Committee has received 13 petitions over the last 9 months from a wide range of disease groups seeking access to medicines that are available in other countries. These people and their families represent a significant proportion of our nation's population and there are many more groups suffering because of New Zealand's prolonged under-investment in medicines.

### What needs to be done?

To approach the level of investment in medicines that occurs in comparable OECD countries, and to allow PHARMAC to increase access for NZ cancer patients to modern medicines that can improve the quality and length of their lives, we ask that the Minister of Health triple the budget for pharmaceuticals to \$3 billion.

In particular we request the addition of \$30 million to ensure that breast cancer patients have access to the medicines recommended in the ESMO Guidelines for Advanced Breast Cancer.

### References and notes

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