



Cancer Control Agency's medicines report deeply disappointing

BCAC is deeply disappointed by a report on cancer medicines released by the Cancer Control Agency, Te Aho o Te Kahu.

We're stunned to see that Te Aho o Te Kahu has identified only one breast cancer drug as needed but not funded in New Zealand. This is completely out of step with Australia and other countries and disregards international guidelines on breast cancer treatment. There are eighteen breast cancer medicines funded in Australia and not in New Zealand. These all have clinical benefit and many are recommended to New Zealanders with breast cancer, but only those who can afford to pay privately can be treated with them.

Countless New Zealanders are faced with the reality that many of the medicines their oncologists recommend are not publicly funded. This puts huge added pressure on patients and their families who are forced to make hard financial decisions about their care on top of all the stresses of dealing with their cancer. Desperate patients are driven to fundraise, borrow money from family and friends, use savings intended for their children's education or their retirement, mortgage their homes or move to Australia. This is not what best practice cancer care looks like in other countries. New Zealanders who can afford to pay for their medicines in private clinics receive better care and live longer, healthier lives. This does nothing to help the Government reach its equity targets in healthcare.

It is hugely discouraging to see that Te Aho o Te Kahu, which was established to improve cancer services in New Zealand, has shown such disregard for the wellbeing of patients. Despite high hopes for positive change when Te Aho o Te Kahu was set up, we see no empathy or understanding of what cancer patients face on a daily basis.

Te Aho o Te Kahu's report used a complex and opaque process, undertaken behind closed doors, to justify continued rationing of cancer medicines for New Zealanders. The starting point for the report should have been international best-practice guidelines for cancer treatment such as those produced by the European Society for Medical Oncology. A transparent process involving wide collaboration with New Zealand oncologists and patient groups would have provided a more realistic assessment of the cancer medicines that New Zealanders are missing out on. Instead, they compiled a short list using a filtering process of their own devising, which made assumptions about equivalence between different medicines.

Cancer takes many forms and there are multiple subtypes of breast cancer. Individual physiologies vary so that a medicine that works well for some patients with few side effects may make other patients violently ill or simply not be effective against their tumours. Oncologists can only do the best for their patients if they have a varied toolkit of medicines available that allows them to provide targeted options to suit the person and their disease.

New Zealand has already fallen behind the rest of the developed world in access to medicines. Te Aho's report does nothing to correct this. The method used in their report represents an extreme form of rationing that is absolutely not appropriate in our country and is a real body blow to cancer patients.

New Zealand's failure to fund the international standard of care for breast cancer also means that we are excluded from clinical trials that add breakthrough medicines to the existing standard. A current example is New Zealand's failure to fund retreatment with trastuzumab in advanced breast cancer. There's a new medicine, tucatinib, that when added to trastuzumab and chemotherapy has effectively treated women with brain tumours and significantly extended their lives. A new trial led by Breast Cancer Trials (Australia and New Zealand) (BCT) will test tucatinib in combination with another new medicine and trastuzumab. BCT has reached out to include New Zealand patients in this trial, but because trastuzumab retreatment is unfunded here we can't be included. The trial will give patients access to an exciting new combination of medicines. Participating oncologists will gain experience with the new drug. But that won't happen here. Failing to provide a standard treatment means we'll fall further behind and fail New Zealand breast cancer patients yet again.

We hoped for an aspirational, transformational approach from the new Cancer Agency that would bring New Zealand's cancer treatment up to an acceptable international standard, but sadly we see business as usual with rationing and patient hardship set to continue.

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