

Media release (embargoed to 10am 20 March 2007)

### **PHARMAC asking for public views on Herceptin funding proposal**

Breast cancer drug Herceptin is a step closer to being more accessible for NZ women, with PHARMAC today seeking feedback on a proposal to fund a 9 week treatment option for women with HER2-positive early breast cancer.

District Health Boards have provisionally approved funding, following a PHARMAC recommendation, though that funding is dependent on the outcome of consultation and the PHARMAC Board's final approval.

If approved, the \$6 million per year proposal would see Herceptin (trastuzumab) funded for women with HER2-positive early breast cancer from 1 June 2007.

PHARMAC estimates that about 350 women would be treated each year if the proposal is approved.

The proposal, which is strongly supported by District Health Boards, features:

- Funding for a nine-week course of Herceptin to be used in combination with taxane chemotherapy for HER2-positive early breast cancer; and
- Wider access to the breast cancer drug docetaxel (Taxotere) so it can be used in combination with Herceptin.

PHARMAC's Deputy Medical Director Dr Dilky Rasiah says Herceptin has been a challenging issue for PHARMAC and DHBs, and the proposal released today provides a practical way forward.

The treatment that is being proposed, nine weeks of Herceptin in combination with a taxane (such as docetaxel or paclitaxel):

- Is proven to reduce the chances of breast cancer returning;
- Is delivered in a shorter time (and is therefore substantially more convenient for patients) and with a lower overall dose than 12 months treatment;
- May cause less damage to the heart than 12 months treatment;
- Is able to be provided by DHBs without delay and without delaying other chemotherapy treatments; and
- Is a quarter of the cost of 12 month treatment.

Dr Rasiah says a nine week combination of Herceptin with taxane chemotherapy is not only the most cost-effective option for Herceptin, but also measures up favourably compared to other medicines that could be funded.

In addition, about 50 more women each year would be able to be treated with Herceptin with the nine week combination than with 12 months (for clinical reasons).

“The evidence shows that nine weeks therapy with Herceptin, when given at the same time as taxane chemotherapy, delays tumours returning in women with HER2 positive early breast cancer,” says Dr Rasiah.

“The nine-week regimen appears to be no less effective than 12 months but is less disruptive for patients, is less resource-intensive for hospitals, may also be safer for patients and is a quarter of the cost of 12 month treatment options.”

“Our clinical advisory committee has recommended that a nine-week course of Herceptin in combination with chemotherapy be funded, and have given this recommendation a high priority.”

DHBs and PHARMAC last year declined funding for 12 months treatment after chemotherapy because it was not considered likely to provide the level of health benefits that PHARMAC would expect to get from spending \$25 million compared with other investment options.

Dr Rasiah says nothing has changed since then to alter that decision. PTAC had considered further data at its February meeting, and maintained its recommendation to fund nine weeks.

“With this proposal we are not looking at choosing between 12-month and nine-week funding. This is a proposal to fund nine weeks treatment in combination with taxane chemotherapy, and we want to hear the public’s feedback on this proposal.”

Wairarapa DHB CEO David Meates, a spokesman for District Health Boards on pharmaceuticals, says the \$6m per year cost to the DHBs is justifiable. The total cost, includes the drug itself and administration costs.

“One of our key concerns in considering 12 months Herceptin treatment was that investing up to \$25 million per year on Herceptin would curb our ability to fund other drugs and deliver existing hospital services to other patients,” says David Meates. “The proposal being consulted on today is far more affordable and practical for DHBs and patients, and we are delighted at the work PHARMAC has put in, which would mean NZ women would be able to have affordable access to this new drug.”

David Meates says that, while consideration of Herceptin has been a priority for DHBs and PHARMAC, it was also important to ensure others with high health needs, such as people with heart problems or diabetes, did not miss out on health funding.

Dr Rasiah says all responses will be taken into account before a recommendation on funding is taken to the PHARMAC Board. District Health Boards have already indicated that funding will be available for 9 weeks Herceptin and docetaxel, though that funding depends on the outcome of consultation and the PHARMAC Board’s decision.

The deadline for PHARMAC to receive feedback on the proposal is 5 pm 12 April 2007.

\* PHARMAC has previously committed \$3.2 million to an international study examining short duration and long duration Herceptin treatment. That decision (made in February) is not part of the consultation process that is now underway.

For more information:

Simon England (PHARMAC) 021 863 342  
David Meates (DHB spokesman) 027 492 4505

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