bcac breast cancer aotearoa coalition

Together we're stronger
Tangata tū pakari tonu

Manager
Product Regulation Branch
Medsafe
PO Box 5013
Wellington

Re: **Urgency request for application TT50 number (TT50-11113) (Enhertu)**

Kia ora,

I write on behalf of the Breast Cancer Aotearoa Coalition (BCAC) to request that application TT50-11113 from AstraZeneca (AZ) for registration of trastuzumab deruxtecan (T-DXd, Enhertu) be **progressed with urgency**. BCAC represents over 30 breast cancer charities and groups across Aotearoa, as well as individual members. Our purposes are to support, inform and represent those diagnosed with breast cancer in Aotearoa from an evidence basis.

As you will know from the AZ application, this medicine meets a significant unmet need in patients with advanced HER2 positive breast cancer. T-DXd is listed in international treatment guidelines, including NCCN, ESMO and ABC NZ2, as standard therapy in advanced HER2 positive breast cancer (see extracts from guidelines below). Beyond first line metastatic treatment with pertuzumab + trastuzumab + taxane chemotherapy, New Zealanders with this subtype of breast cancer have few registered and funded options. This means the significant progression free and overall survival benefits demonstrated for Enhertu are not available to our women. Such benefits are critical to improving the health and survival of New Zealand women with advanced breast cancer (ABC). It is hugely concerning that the median survival of New Zealand women with ABC is only 16 months, significantly lower than that in other countries, where survival ranges from 22 to 42 months (Breast Cancer Foundation, 2018).

Medsafe registration is a significant step towards making T-DXd available for these patients. Currently it is available only those who can personally pay the full costs of the medicine plus clinic costs. Typical costs for patients are $22573 per cycle plus $3165 clinic fees, with some having to pay upfront for four cycles, i.e. over $100,000 without knowing whether the medicine is having a positive effect. If it has beneficial effects the patient would need to continue paying these sums or cease treatment prematurely. The high cost clearly puts this important medicine out of reach of the vast majority of New Zealanders and creates significant socioeconomic inequity in access and outcomes.

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AstraZeneca representatives in New Zealand have stated that **once Medsafe approval is granted a cost share programme will rapidly be implemented**. This will result in significant cost reductions for patients, with likely free cycles and a total cost cap per patient, making T-DXd accessible to many more people. Medsafe registration will also allow reimbursement for some patients with private health insurance. **Medsafe approval is also an essential step in the pathway to achieving Pharmac funding**.

For the above reasons we request that Medsafe do all it can to urgently progress the registration process for T-DXd. We are hopeful that this might be achieved in the third quarter of 2023.

Ngā mihi

Libby Burgess

Chair, Breast Cancer Aotearoa Coalition

Extracts from relevant ABC Guidelines

New Zealand

New Zealand's own ABC NZ2 Guidelines state "Where approved, trastuzumab deruxtecan (T-DXd) is the preferred option in the 2nd line setting, after exposure to trastuzumab and pertuzumab (DESTINY-03 trial)". They also state "If not used in the 2nd line setting trastuzumab deruxtecan (T-DXd) is the preferred option in later lines of therapy, including in heavily pretreated patients with HER2+ ABC (median lines of therapy 6)".

www.breastcancer.org.nz/sites/default/files/ABC-NZ2-guidelines-oct2022-digital.pdf

USA

The options as outlined by NCCN in their 2023 breast cancer guidelines are reproduced below.

SYSTEMIC THERAPY REGIMENS FOR RECURRENT UNRESECTABLE (LOCAL OR REGIONAL) OR STAGE IV (M1) DISEASE[k]

HR-Positive or -Negative and HER2-Positive[j,k]	
Setting	**Regimen**
First Line[l]	Pertuzumab + trastuzumab + docetaxel (Category 1, preferred)
	Pertuzumab + trastuzumab + paclitaxel (preferred)
Second Line[n]	Fam-trastuzumab deruxtecan-nxki[m] (Category 1, preferred)
Third Line	Tucatinib + trastuzumab + capecitabine[n] (Category 1, preferred)
	Ado-trastuzumab emtansine (T-DM1)[o]
Fourth Line and Beyond (optimal sequence is not known)[p]	Trastuzumab + docetaxel or vinorelbine
	Trastuzumab + paclitaxel ± carboplatin
	Capecitabine + trastuzumab or lapatinib
	Trastuzumab + lapatinib (without cytotoxic therapy)
	Trastuzumab + other chemotherapy agents[q,r]
	Neratinib + capecitabine
	Margetuximab-cmkb + chemotherapy (capecitabine, eribulin, gemcitabine, or vinorelbine)
	Additional Targeted Therapy Options see BINV-Q (6)

Source: (NCCN 2023)

Europe

A similar treatment algorithm to NCCN is seen in the **ESMO guidelines (2021)** where second line treatments after trastuzumab/pertuzumab include TDM-1, tucatinib, and **trastuzumab deruxtecan**.

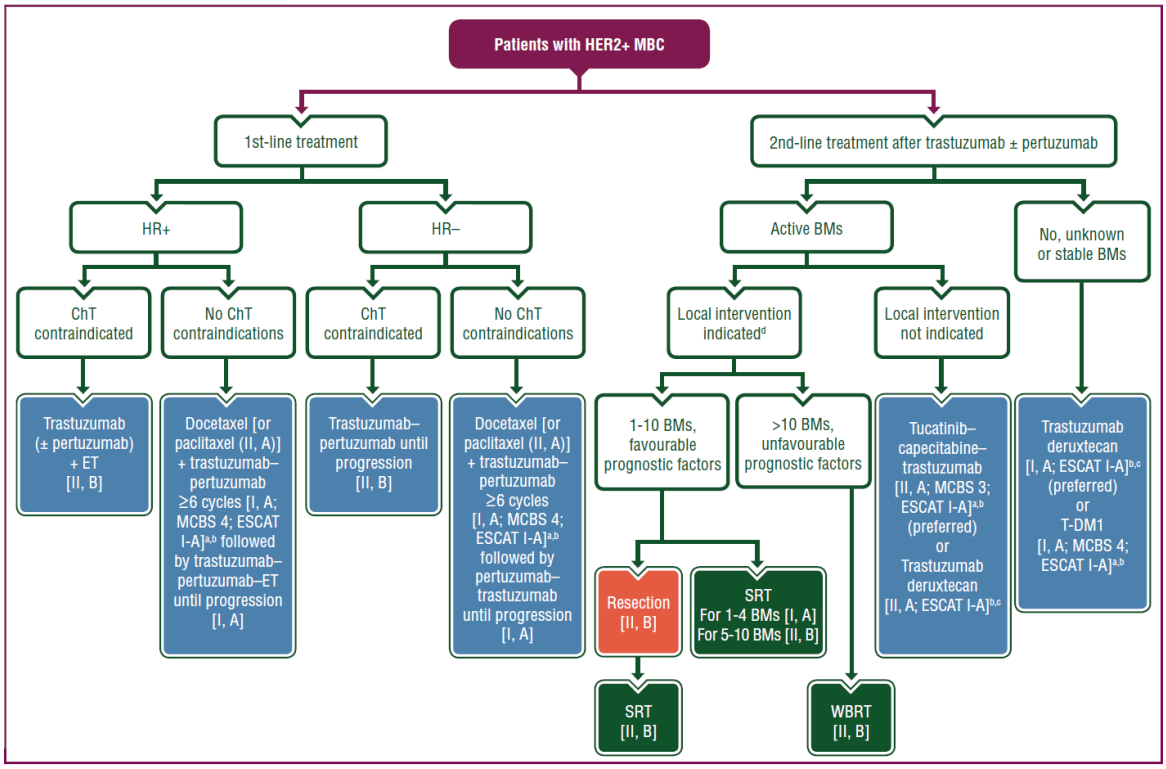
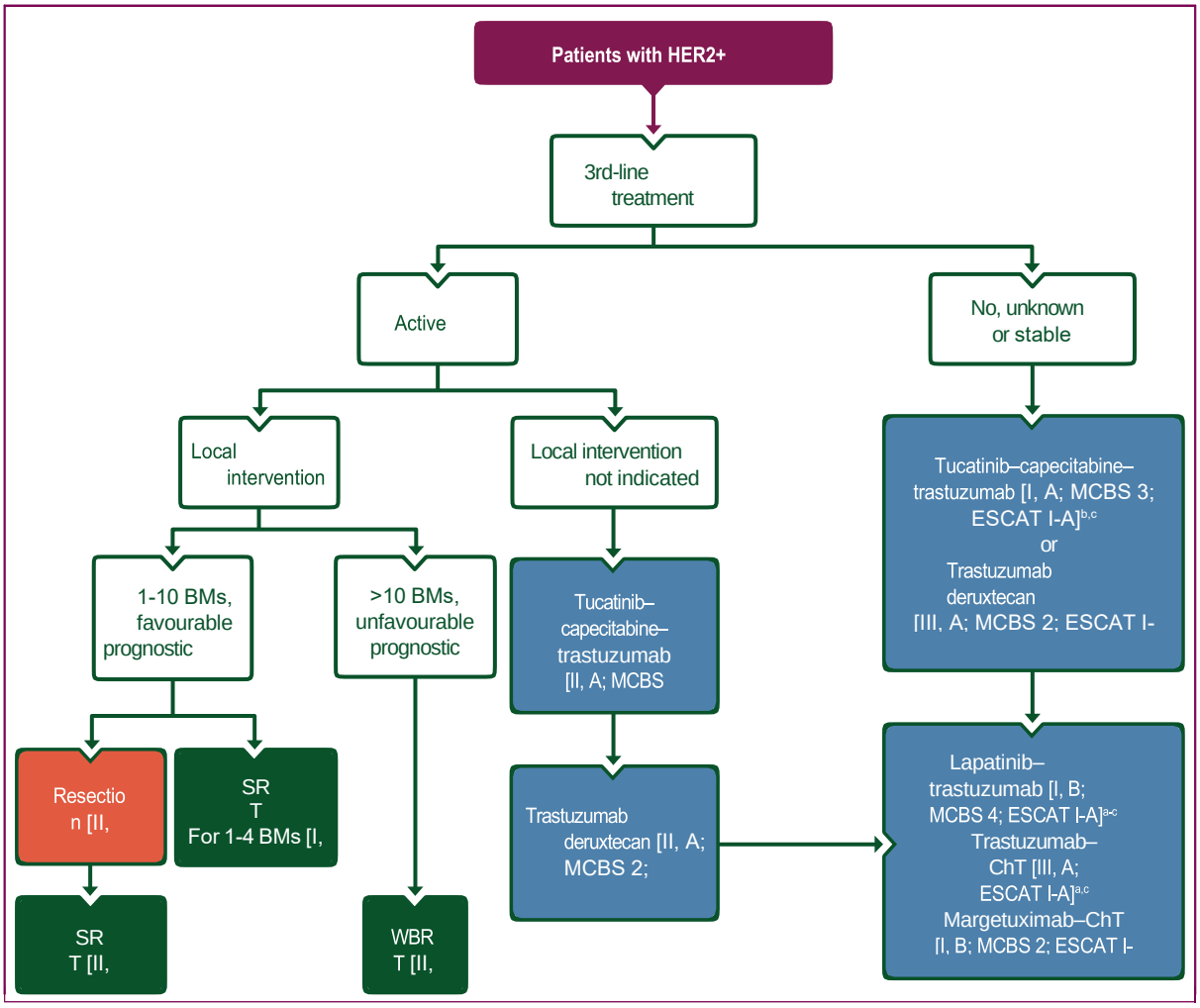


Figure 3. First- and second-line treatment of HER2-positive MBC.
Purple: general categories or stratification; red: surgery; turquoise: combination of treatments or other systemic treatments; green: RT; white: other aspects of management; blue: systemic anticancer therapy.
BM, brain metastasis; ChT, chemotherapy; CNS, central nervous system; EMA, European Medicines Agency; ESCAT, ESMO Scale for Clinical Actionability of Molecular Targets; ET, endocrine therapy; FDA, Food and Drug Administration; HER2, human epidermal growth factor receptor 2; HR, hormone receptor; MBC, metastatic breast cancer; MCBS, ESMO-Magnitude of Clinical Benefit Scale; PD, progressive disease; RT, radiotherapy; SRT, stereotactic radiotherapy; T-DM1, ado-trastuzumab emtansine; WBRT, whole brain radiotherapy.
[a] ESMO-MCBS v1.1[93] was used to calculate scores for new therapies/indications approved by the EMA or FDA. The scores have been calculated by the ESMO-MCBS Working Group and validated by the ESMO Guidelines Committee (https://www.esmo.org/guidelines/esmo-mcbs/scale-evaluation-forms-v1.0-v1.1/scale-evaluation-forms-v1.1).
[b] ESCAT scores apply to genomic alterations only. These scores have been defined by the guideline authors and validated by the ESMO Translational Research and Precision Medicine Working Group.[89]
[c] Not FDA approved for use in second line.
[d] Keep on current systemic therapy unless PD outside CNS.

Source: (Gennari, André et al. 2021)

At third line, the ESMO algorithm includes tucatinib, **trastuzumab deruxtecan**, margetuximab and lapatinib in combination with trastuzumab (Gennari, André et al. 2021).



References

Breast Cancer Foundation 2018 *I'm still here Insights into living – and dying – with Advanced Breast Cancer in New Zealand* https://www.breastcancerfoundation.org.nz/images/assets/21893/1/bcfnz-abc-report-2018.pdf New Zealand data sourced from the Te Rēhita Mate Ūtaetae, the Breast Cancer Foundation National Register.

Gennari, A., Andre, F et al. 2021 ESMO Clinical Practice Guideline for the diagnosis, staging and treatment of patients with metastatic breast cancer. Annals of Oncology 32 (12) 1475-1495. https://doi.org/10.1016/j.annonc.2021.09.0191

NCCN Guidelines Insights, Breast Cancer, Version 4.2023. Journal of the National Comprehensive Cancer Network 21, 6, June 2023