



Together we're stronger
Tangata tū pakari tonu

31st January 2024

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Kia ora,

The Breast Cancer Aotearoa Coalition strenuously objects to the proposal by Pharmac to decline everolimus for the treatment of advanced breast cancer. Everolimus is recommended in the 2nd New Zealand Consensus Guidelines for Advanced Breast Cancer (2022) for use in ER-positive/HER2-negative (ER+/HER2-) advanced breast cancer, as shown below. This recommendation received 100% consensus from the local experts who participated in this guideline development.

Everolimus is also recommended as an option in the ESMO, NCCN and ASCO guidelines for the treatment of advanced ER+/HER2- breast cancer. It is especially important to make everolimus available because of the appalling rates of survival of women in New Zealand with advanced breast cancer compared with those experienced in other countries (Breast Cancer Foundation NZ 2018, *I'm still here: Insights into living and dying with advanced breast cancer in New Zealand*).

<https://www.breastcancerfoundation.org.nz/images/assets/22648/1/bcfnz-abc-report-2018-reprint-10.2018.pdf>

We note that survival rates are particularly poor for wāhine Māori and Pasifika women. The lack of treatment alternatives for New Zealand women is significantly contributing to these statistics.

The addition of the mTOR inhibitor everolimus to an aromatase inhibitor (AI) is a valid option for some patients previously exposed to or naïve of (in case CDK4/6i are not available) endocrine therapy, since it significantly prolongs PFS, albeit without evidence of significant OS benefit.

Expert opinion/C 100%

Tamoxifen or fulvestrant can also be combined with everolimus.

I/B

Adequate prevention with steroid mouthwashes, close monitoring and proactive treatment of adverse events is needed, particularly in older patients treated with everolimus, due to the increased incidence of toxic deaths reported in the Bolero-2 trial.

Everolimus is not Pharmac-funded (as of September 2022), and not Medsafe-approved for advanced breast cancer.

* for pre and peri with OFS/OFA, men (preferably with LHRH agonist) and post-menopausal women.

ESMO-MCBS: 2

Source: 2nd New Zealand Consensus Guidelines for Advanced Breast Cancer (2022)

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

Everolimus is currently being prescribed by local oncologists for patients in New Zealand, who have no other option than to pay out of pocket for it in a private clinic. BCAC has negotiated with the manufacturer, Novartis, for a reduced price for these patients but the costs are still out of the reach of many, resulting in inequity of access. We therefore fail to see why Pharmac has made so little effort towards funding this treatment.



Improvements in longevity and quality of life for New Zealand women will come from recognition that not all patients with ER+/HER2- ABC have the same physiology and our oncologists need a range of different sequential treatment options to enable them to offer more precise, personalised and effective treatment to their patients.

Ngā mihi,

A handwritten signature in blue ink that reads "Libby Burgess". The signature is written in a cursive, flowing style.

Libby Burgess

Chair