Via email: consult@pharmac.govt.nz

1 June 2022

bcac breast cancer aotearoa coalition

Together we're stronger
Tangata tū pakari tonu

Response to Consultation on trastuzumab emtansine in people who have residual disease post neo-adjuvant HER-2-targeted therapy

Dear PHARMAC

Thank you for the opportunity to comment on your recent proposal on trastuzumab emtansine. I respond on behalf of the Breast Cancer Aotearoa Coalition (BCAC), an incorporated charitable society established in 2004 to provide a unified, evidence-based voice for the New Zealand breast cancer sector. BCAC is run by a committee of women who have experienced breast cancer, working as volunteers to make world class detection, treatment and care accessible to all those affected by breast cancer in New Zealand.

We are supportive of the proposal to extend funding of trastuzumab emtansine to the group of patients who have residual disease after neo-adjuvant therapy for HER2 positive breast cancer. However, we have a concern regarding one part of the proposal. This is the proposed limitation on access to trastuzumab emtansine in patients with metastatic disease to those who had not previously received trastuzumab emtansine. This would effectively limit patients with HER-2 positive breast cancer to only one treatment with this medicine in their lifetime. This is highlighted as Criterion 6 (below) of the proposed (amended) listing for initial treatment of metastatic disease:

> Initial application – (**metastatic breast cancer)** only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:
>
> All of the following:
>
> 1. Patient has metastatic breast cancer expressing HER2 IHC 3+ or ISH+ (including FISH or other current technology); and
> 2. Patient has previously received trastuzumab and chemotherapy, separately or in combination and
> 3. Either:
>   - **3.1** The patient has received prior therapy for metastatic disease*; or
>   - **3.2** The patient developed disease recurrence during, or within six months of completing adjuvant therapy*; and
> 4. Patient has a good performance status (ECOG 0-1); and
> 5. Either:
>   - **5.1** 5.1 Patient does not have symptomatic brain metastases; or
>   - **5.2** 5.2 Patient has brain metastases and has received prior local CNS therapy; and
> 6. **Patient has not received prior funded trastuzumab emtansine treatment; and**
> 7. Treatment to be discontinued at disease progression

The latter proposed change is unsupported by any clinical evidence that we are aware of. There is no rationale given for this amended listing and it is therefore an arbitrary way of rationing treatment with this important agent to once in a patient's lifetime. There are many conceivable examples where a patient could still benefit from this agent in the

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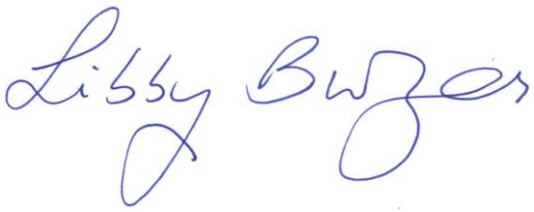
metastatic breast cancer setting, even though they may have received it in an earlier setting, possibly years earlier. We are strongly of the view that individual patient circumstances will be important in determining whether treatment with trastuzumab emtansine is appropriate, safe and likely to be efficacious in the metastatic disease setting. This decision should therefore be clinically based, not arbitrary. The current proposal only serves to diminish potential for survival in the metastatic breast cancer setting. You should already be aware of New Zealand's lamentable statistics in this regard, particularly for Māori and Pacific women.

Therefore, in summary we support the proposal only if Criterion 6 for initial application for metastatic breast cancer (shown above) is removed.

Thanks for the opportunity to comment and we look forward to your amended proposal.

Yours sincerely



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