bcac breast cancer aotearoa coalition

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PHARMAC
Via email: consult@pharmac.govt.nz

28 October 2020

Consultation Response on PHARMAC's Proposal to Decline nab-paclitaxel for treatment of breast cancer

Dear PHARMAC,

This submission is made on behalf of BREAST CANCER AOTEAROA COALITION (BCAC), a coalition of more than 30 breast cancer groups across Aotearoa run by breast cancer survivors and metavivors. BCAC is an incorporated society with charitable status providing an evidence-based voice for New Zealanders with breast cancer.

Nab-paclitaxel treatment for breast cancer has been the subject of multiple applications to PHARMAC for subsidy. Most recently, in 2018, BCAC requested subsidy based on feedback from oncologists treating people with breast cancer in New Zealand, that this agent was clinically needed. We strongly object to the proposal to decline access to this treatment for people with breast and other cancers in New Zealand.

LACK OF DUE PROCESS HANDLING LATEST APPLICATION AND IN SEEKING EXPERT ADVICE

We have a number of concerns about the way in which the decision recommending a decline for the most recent application for this treatment was made. In February 2018, BCAC made (the latest) submission for the inclusion of nab-paclitaxel on the Pharmaceutical Schedule [1]. Feedback by email indicated that this submission would be referred to PTAC for consideration. We consider it inappropriate that this treatment was not considered in CaTSoP's review of breast cancer treatments that took place in September 2018 and that it was not referred to PTAC until May 2019, a further indication that due process was not followed. Our concerns were raised in our letter to PHARMAC in February 2019 [2].

The most recent application made the point that this medication should at the very least be made available for patients who cannot tolerate paclitaxel – a very small group of patients for whom there are few other treatment choices available in New Zealand. We are concerned that the latest submission was never referred to CaTSoP for their advice, despite the fact that such a referral was proposed in PTAC minutes (dated May 2019) i.e. "clarification should be sought from CaTSoP as to whether weekly paclitaxel without premedication remained standard practice in New Zealand and whether patients with a previous hypersensitivity reaction to paclitaxel would be re-challenged with nab-paclitaxel, if available" [3]. As far as we are aware, this has never been done and certainly not minuted, so CaTSoP's clinical advice is sadly lacking in what is a specialised treatment area.

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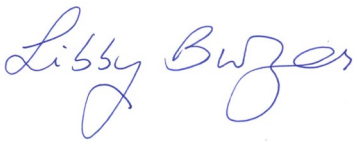
INCONSISTENCY WITH OTHER PHARMAC POLICIES

We believe that position that PHARMAC has taken is inconsistent with their recent policy changes on availability of "alternative brands" for tendered products. The new policy enables a brand change "if a patient has previously experienced adverse clinical outcomes, or if a patient has unique clinical circumstances that would put them at heightened risk of adverse clinical outcomes". This is exactly the situation that patients who cannot tolerate paclitaxel find themselves in. It is evident that PHARMAC's proposal to decline access is inconsistent with its own policy and lacks due concern for patients who find themselves unable to tolerate a funded medication.

FUTURE INABILITY TO ACCESS TREATMENT COMBINATIONS CURRENTLY BEING TRIALLED

The worldwide availability and access to this treatment means it is now standard therapy for many cancers (not only breast cancer) and is being used concurrently in combination with newer agents in the clinical trial setting. For example, recent Phase III clinical trial of atezolizumab in triple negative breast cancer used concurrent nab-paclitaxel as the standard of treatment in both active and placebo groups [4]. Triple negative breast cancer is particularly difficult to treat and any new effective treatments should be made available for New Zealand patients. Outcomes for people in New Zealand with advanced breast cancer are already poorer than in comparable countries, as PHARMAC is well aware. We believe that patients with other cancers, such as pancreatic cancer and lung cancer will also be affected by the lack of availability of nab-paclitaxel in New Zealand.

Kind regards,



Libby Burgess, MNZM
Chair, Breast Cancer Aotearoa Coalition

References

1. BCAC, *Application to PHARMAC to List nab-paclitaxel (submitted February 2018)*. 2018.
2. BCAC, *Letter to TGM at PHARMAC dated 4 February*. 2019.
3. PHARMAC. *PTAC Minutes May 2019*. 2019; Available from: https://pharmac.govt.nz/assets/ptac-minutes-2019-05.pdf#page=23&zoom=100,86,580.
4. Schmid, P., et al., *Atezolizumab and Nab-Paclitaxel in Advanced Triple-Negative Breast Cancer.* N Engl J Med, 2018. **379**(22): p. 2108-2121.