

13 February 2013

Dr Suzanne Hill
Chair
Pharmaceutical Benefits Advisory Committee
GPO Box 9848
Canberra ACT 2601

Breast
Cancer
Network
Australia



Dear Dr Hill

Breast Cancer Network Australia (BCNA) welcomes the opportunity to provide comment to the Pharmaceutical Benefits Advisory Committee on the major submission to list everolimus (Afinitor®) tablets for the treatment, in combination with an aromatase inhibitor, of post-menopausal women with hormone-receptor positive, HER2-negative advanced breast cancer after failure of treatment with letrozole or anastrozole.

About BCNA

BCNA is the peak national organisation for Australians personally affected by breast cancer. We empower, inform, represent and link together people whose lives have been affected by breast cancer. We work to ensure that women diagnosed with breast cancer and their families receive the very best information, treatment, care and support possible – no matter who they are or where they live.

BCNA currently represents more than 75,000 individual members and 325 Member Groups from across Australia. More than 95 per cent of our members have had a diagnosis of breast cancer, and the remaining members have had a personal experience with breast cancer through a family member or friend.

Approximately 4 per cent of our membership is women who have had a diagnosis of secondary (advanced) breast cancer

Our Submission

BCNA strongly supports the application for the listing of everolimus for the above purpose.

Everolimus is a new drug which can prolong life in post-menopausal women who have developed a resistance to hormone therapy treatment. In the BOLERO clinical trials, the addition of everolimus to hormone therapy (exemestane) was found to significantly increase progression-free survival from 3.2 months for women on placebo to 7.8 months for women receiving the trial drugs.

We recognise that it has not yet shown an improvement in overall survival, although follow up is continuing. This is an increasingly common dilemma in clinical trials of first line treatments, as women will receive many other treatments subsequently, and larger clinical trials are required to show survival benefits. This adds to the cost of trials and causes delays in bringing new treatments to women who need them. We do not have survival data in Australian women with secondary breast cancer. Our members however show

A network of support for Australians affected by breast cancer

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us that survival length is gradually improving as new treatments become available. For a slower growing cancer such as a hormone-positive breast cancer, this survival data may take years to be published, and women who are currently dealing with secondary breast cancer will be disadvantaged if everolimus is not made affordable to them as soon as possible.

Everolimus offers women whose disease has progressed on hormone therapy an alternative treatment to chemotherapy. While it has some side effects, they are not as severe as those women may experience with chemotherapy. In particular, everolimus does not cause hair loss, neuropathy or low blood counts. We know these are conditions which can be distressing for women, and, in the case of low blood counts, can increase the risk of infection and hospitalisation, with associated disruptions to work and family life and which have potential to shorten the woman's life.

As everolimus is administered in tablet form, it will be particularly useful for women who live in rural and remote areas of Australia. These women often incur additional expenses in having to travel for treatment, and we know anecdotally that traveling increases fatigue and stress in women with secondary breast cancer. Women also tell us they are often reluctant to leave their home and family. As an alternative to IV chemotherapy, everolimus will allow women to take their treatment at home and reduce their treatment travel requirements.

Everolimus will also give women with poor venous access a new treatment option.

BCNA strongly supports the addition of everolimus to the PBS. It is a new drug which gives women with hormone-positive, HER2-negative secondary breast cancer a new treatment option. We believe it can extend women's lives without compromising their quality of life.

It is important that it is PBS-listed and thus subsidised by the Australian Government. Breast cancer is an expensive disease and many women incur high out-of-pocket costs for their treatment and ongoing care. For women with secondary breast cancer, there is often added financial stress as they are unable to work, or may have to work reduced hours, because of their disease.

Since my diagnosis (with secondary breast cancer), we are more than \$15,000 out of pocket. I can't work anymore, so we live on my husband's salary and we constantly 'rob Peter to pay Paul'. The financial strain hugely compounds the stress of dealing with cancer. – Tracey, BCNA member living with secondary breast cancer

Thank you for considering our submission. If you have any comments or enquiries, please contact me at kwells@bcna.org.au or on 03 9805 2562.

Yours sincerely



Kathy Wells
Acting Policy Manager