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Breast
Cancer
Network
Australia



Submission to the Pharmaceutical Benefits Advisory Committee Eribulin Mesylate (Halaven)

8 October 2013

About Breast Cancer Network Australia

Breast Cancer Network Australia is the peak national organisation for Australians personally affected by breast cancer. We support, inform, represent and connect 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.

BCNA represents more than 85,000 individual members and 320 member groups from across Australia. More than 3,000 of our members are women we are aware have had a diagnosis of metastatic (secondary) breast cancer. The actual number is likely to be considerably higher.

Submission

Breast Cancer Network Australia (BCNA) welcomes the opportunity to provide comment to the Pharmaceutical Benefits Advisory Committee (PBAC) on the resubmission to list Eribulin Mesylate for the treatment of women with locally advanced or metastatic breast cancer who have progressed after at least two chemotherapy regimens for advanced disease.

Approximately 4 per cent of our membership is women who have had a diagnosis of secondary (metastatic) breast cancer. For these women, and particularly those who received prior chemotherapy for early breast cancer, there are limited treatments, and they live with the knowledge that one day their treatment options will come to an end. New treatments that can extend life and/or provide improved quality of life are therefore highly anticipated and sought after by women living with secondary disease. They may have accumulated side effects from previous treatment that mean some options are not available to them, so having access to treatments with different side effects is crucial. Knowing that there are new and emerging treatments that may be available to them also plays an important role in their emotional wellbeing following diagnosis.

Once I got over the initial shock of being diagnosed with secondary breast cancer, all I wanted to know was: 'Are there [treatment] options and how many options are available to me?' ... My oncologist knows that my 'option' question will come up and he is always ready to say: 'Yes Tracey, there are still options available to you.' That is quite comforting for me to know. – Tracey A, BCNA member with secondary breast cancer, aged 42

Eribulin is a new chemotherapy that has been found in clinical trials that included Australian women to significantly increase both progression-free survival and overall survival in women with secondary breast cancer. It is used when a woman's breast cancer has progressed on other chemotherapy treatments, giving her an additional treatment option. It is notable that improved overall survival was found in women treated with eribulin, despite having received several prior chemotherapy treatments. It appears to be well tolerated by women in terms of side effects, allowing them to maintain quality of life while on the treatment.

I have secondary breast cancer in my liver, lungs and bones and have been treated with a number of different chemotherapy drugs. I have now had three treatments with eribulin. It is a very easy treatment. I have no side effects from it at all. I don't have to take any anti-nausea drugs and I haven't lost my hair. I don't have to stay long in the oncology clinic because it is a quick infusion, between 5 and 15 minutes. Since starting eribulin my tumour markers are down and my cancer has stabilised – my oncologist and I are both very happy. – Nicole, BCNA member with secondary breast cancer, aged 41

BCNA strongly supports the inclusion of this new and beneficial drug on the PBS. Eribulin gives women who may have otherwise come to the end of their treatment options another treatment that can extend life and that can allow women a reasonable quality of life. As Nicole states in her quote above, she has tolerated eribulin very well, both at the time of infusion and in the days following. This has allowed her to continue to manage her day to day life and to care for her teenage daughter.

BCNA supports the inclusion on the PBS of cancer drugs such as eribulin that are found to prolong progression free and overall survival and improve quality of life in Australians living with secondary breast cancer. We believe it is important that the government subsidises new drugs through the PBS so that all Australians have equal access to these treatments.

We know personally one young woman who reached the end of her PBS-subsidised treatment options earlier this year and was fortunate to be in a financial position to buy eribulin. She has been paying more than \$1,500 per infusion for this treatment. Her private health insurance fund and treating hospital are also contributing to the cost of the treatment. This woman is 40 years old, with three young children. Every week of additional life that her cancer treatments give her is precious to her and her young family.

Many families, particularly those on low or fixed incomes, cannot afford to pay for treatments as this family can. See attached a letter from a BCNA member who is not in a position to pay for Eribulin, although it has been identified as a suitable treatment for her by her oncologist.

Thank you for considering BCNA's submission.

Since my diagnosis [with secondary breast cancer], we are more than \$20,000 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 R, BCNA member with secondary breast cancer, aged 49

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8 October 2013

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

Dear Dr Hill,

The purpose of this letter is to request your support to have the chemotherapy drug Eribulin Mesylate (Halaven) listed on the PBS. I am a single 41-year-old health care professional who has committed all my working life to nursing. I am currently working full time when health allows, in patient safety and quality at Royal Prince Alfred Hospital in Sydney.

In 2010 at the age of 36, I received the devastating news that I had early breast cancer that was found to be Triple Negative Breast Cancer (TNBC). With no previous knowledge of this sub type of breast cancer, I quickly learned that TNBC affects approximately 20% of the diagnosed population and there are no targeted therapies available for the sub type. It is aggressive and commonly affects younger women that are at the prime of their life. At the time my excellent physicians planned a treatment response consisting of a lumpectomy followed by the standard chemotherapy regime of 4 cycles of chemotherapy (Cyclophosphamide, Docetaxel) followed by radiation therapy.

Unfortunately in September 2012 a routine breast MRI scan led to an incidental finding of three secondary tumours in my right lung. Thirteen months later I have continued to work full time in order to support myself and pay for treatment. I have now been through six different chemotherapy drugs with minimal success. Fortunately I have not had any new tumours however the existing tumours have not responded to treatment and I continue to become increasingly symptomatic. The reality is that whilst there are currently significant investments in research on TNBC any break through in a targeted therapy appears to be some way off. My oncologist continues to search for options that can prolong and optimise my life as we work our way through the existing older drugs available whilst closely following new drug trials and publications vigilantly. To this end my medical oncologist has identified Eribulin as a promising new drug that has shown results with TNBC and offers an alternative treatment option for me in the rapidly decreasing arsenal. At this time however, my only chance of getting this medication is having it listed on the PBS.

Please assist me in my quest to have this crucial medication option available to me to help me continue to fight for my survival. I could have never imagined I would be writing a letter like this pleading for assistance to get access to medications to prolong my life and the lives of other women affected by this disease.

Yours faithfully

Sharron
BCNA Member, NSW