

New Zealanders are dying - so why the delay on KEYTRUDA?

Australia announces funding of Keytruda for first line lung cancer

Monday 19th November 2018 - Following a historic decision by Australia to fund untreated lung cancer patients, Lung Foundation New Zealand says it is extremely disappointed that Pharmac has made no decision on KEYTRUDA two years after making a funding application.

Philip Hope, Lung Foundation Chief Executive Officer says lung cancer kills more New Zealanders than any other cancer (over 1800 patients every year; Five patients every day die from lung cancer and a further six are diagnosed with this devastating disease).

Sadly, many hundreds of lung cancer patients are dying prematurely every year as they wait for immunotherapy to be reimbursed by Pharmac.

“We are trying to bring KEYTRUDA to lung cancer patients as fast as we can, because we know these patients don’t have any time to wait. The decision by Australia to fund KEYTRUDA for untreated lung cancer patients whose tumours express a high level of a biomarker called programmed cell death ligand 1 (PD-L1), really highlights how out of touch Pharmac is with the needs of New Zealanders who are dying needlessly because of unacceptable delays,” he said.

The Lung Foundation has advocated in support of several KEYTRUDA lung submissions to Pharmac including in September 2016, and in February 2017. The Foundation also supports at least two immunotherapy drugs being funded for second line treatment.

“It is frustrating to note since funding KEYTRUDA for melanoma more than two years ago, Pharmac has changed the goal posts a few times for lung cancer and they continue to delay making a decision when the efficacy of KEYTRUDA is indisputable and the need so great. Meanwhile lung cancer patients continue to die needlessly.”

Hope says that lung cancer kills more New Zealanders than prostate cancer, breast cancer and melanoma combined.

“On the one hand we are encouraged the Government has pledged to reduce inequity in health, however with no increase in medicines funding and the reality that Pharmac’s funding model causes terrible suffering for NZ’s biggest cancer killer, which also has a far greater impact on Maori compared to the non-Maori population (with rates three - four times higher in Maori men and women respectively), we are hugely concerned for lung cancer patients.”

“This inequity is unacceptable and it is causing unprecedented financial hardship for lung cancer patients and their families, who are being forced to either self-fund their treatment, raise funds, or face premature death,” he says.

Hope adds that lung cancer in New Zealand is not just confined to people who have smoked.

“Lung cancer can affect anyone, not just people who currently smoke; have smoked in the past, or have been exposed to second hand smoke; in fact, one in five people diagnosed with lung cancer in New Zealand have never smoked and just 30% of patients diagnosed with lung cancer actually smoke at the time of diagnosis.”

“Patients are telling us they want to live - they want access to treatments that are readily available in other countries, they want to see greater transparency with the funding decision processes for treatments and not to be stigmatised.”

“The reality is many lung cancers are now treatable with immunotherapies such as KEYTRUDA, which have proved a breakthrough treatment compared to existing therapies. These treatments have less toxicity than standard chemotherapy and significantly improve survival rates, giving patients more time with their families.”

Lung Foundation Medical Director & Associate Professor of Oncology, Chris Atkinson, says that there is serious inequity in access to lung cancer treatment.

“Unfortunately, New Zealand lags way behind the majority of OECD countries with its funding of targeted therapies and immunotherapies in the public health system.”

“Many lung cancers are now treatable with targeted therapies and immunotherapy, such as pembrolizumab (KEYTRUDA), which is a significant breakthrough compared to the current standards of care. These treatments have less toxicity than standard chemotherapy and significantly improve survival rates, giving patients a better quality of life and more time with their families.”

In addition to KEYTRUDA (pembrolizumab) there are two other immunotherapy treatments sitting with Pharmac; Nivolumab (Opdivo) and Atezolizumab (Tecentriq), yet, Pharmac have not taken the initiative to begin discussions towards a potential supply agreement.

Hope says “If New Zealanders with lung cancer are to have any hope of getting access to these new innovative medicines, like patients in at least 40 other countries, including Australia, then we must look at alternative funding mechanisms”.

“Many other countries have taken specific steps to ensure timely access to innovative treatments that actually save costs downstream in the health system, so that patients with serious illness like lung cancer are not being disadvantaged.”

The Lung Foundation believes the introduction of a mechanism for rapid access to breakthrough medicines such as KEYTRUDA will help toward creating a world-class access system in New Zealand, which would keep pace with innovations in cancer care, whereby the treatment pathway is informed by molecular testing.

At present, a two-tiered healthcare system has been created in New Zealand, largely the result of years of under-investment in medicines, with those who can afford private care accessing innovative medicines which are unavailable in the public system.

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