



9th April 2018

Dr Marius Rademaker
Chairperson, Cancer Treatments Subcommittee of PTAC
Member, Pharmacology & Therapeutics Advisory Committee
PHARMAC
Level 9 Simpl House
Wellington

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Dear Dr Rademaker

Thank you and your colleagues for reviewing this submission dated 9th April 2018.

We understand this Friday, April 13th, Osimertinib (Tagrisso) is going to be reviewed by the Cancer Treatments Subcommittee of the Pharmacology & Therapeutics Advisory Committee, CaTSoP, to consider whether to fund Osimertinib to treat patients with EGFR T790 mutation positive non-small cell lung cancer (NSCLC).

We write to you and members of the Cancer Treatments Subcommittee of PTAC (CaTSoP) on behalf of 2037 patients and their families who are currently dealing with a lung cancer diagnosis.

Lung Foundation New Zealand is a non-government organisation dedicated to promoting healthy lungs and early detection of lung disease of which lung cancer is a strategic focus.

The Lung Foundation provides information and support and is devoted to advocating on behalf of patients on a range of issues, including; early detection (screening), public access to more effective treatments, an increase in research funding and a commitment to Smokefree 2025.

<https://lungfoundation.org.nz/about-us/>

Special Advisory Committee

Lung Foundation New Zealand is informed by a Special Advisory Committee of highly respected healthcare professionals invested in improving outcomes for patients with lung cancer. Medical Director & Assoc. Prof. of Oncology, Chris Atkinson, is Chair of the Special Advisory Committee.

<https://lungfoundation.org.nz/about-us/our-people/>

Lung Cancer, New Zealand's Biggest Cancer Killer

- Lung cancer represents one of the largest health inequalities in New Zealand with markedly poorer outcomes for Maori and Pacifica compared to Pakeha New Zealanders.
- Lung cancer kills more people in New Zealand every year, than breast cancer, prostate cancer and melanoma cancer combined.



- Every day 5 people die of lung cancer (1656 per year) and a further 6 people are diagnosed with lung cancer.
- Lung cancer does not discriminate - even healthy people can develop lung cancer. In fact one in five patients have never smoked (just 30% of patients diagnosed with lung cancer smoke).
- There is also a major intersection with other determinants of health, including a quadrupled risk of suicide for lung cancer patients compared to the general population.

Collaboration to improve outcomes

Our cause collaborates with a number of sister organisations abroad, including; American Lung Association, European Lung Foundation and the International Association for the Study of Lung Cancer (IASLC) for which we are the New Zealand Advocacy Partner.

Lung Foundation New Zealand engages with the Ministry of Health by way of the National Lung Cancer Working Group. Our cause has had input with the various standards that have been adopted specifically to improve outcomes for lung cancer patients and reduce inequalities.

We take this opportunity to refer to the “Standards of Service Provision for Lung Cancer Patients in New Zealand”

http://www.health.govt.nz/system/files/documents/publications/standards-service-provision-lung-cancer-patients-new-zealand-2nd-edn-may16_0.pdf

The Ministry of Health have adopted good practice points and standards which include systemic therapy, one of these standards (8.1.21) states;

“Practitioners should offer treatment with targeted therapies to patients with incurable NSCLC and known targetable mutations” (e.g. activating mutations of the EGFR or ALK rearrangements etc.).

It is pleasing Pharmac observes these standards. This is demonstrated by the first generation EGFR TKI's (Erlotinib and Gefitinib) that are funded for EGFR mutation adenocarcinomas in favour of chemotherapy.

Efficacy

We note Medsafe approved Osimertinib in New Zealand in October 2017 for “the treatment of adult patients with locally advanced or metastatic EGFR T790M mutation-positive non-small cell lung cancer”, and that according to the clinical trials, offers patients who have progressed after treatment with a first generation TKI a significantly longer progression free survival, along with an acceptable tolerability profile.

Dr Richard Sullivan, Medical Oncologist and Director at Canopy Cancer Care has been treating lung cancer patients suited to Osimertinib for some time in private practice with very good results.

As a key member of Lung Foundations Special Advisory Committee, Richard strongly supports Osimertinib being funded in the public health system and he supports and endorses our submission.



On behalf of the patients and families that are affected by lung cancer, whom we serve, we urge you and members of the Cancer Treatments Subcommittee of PTAC to recommend Pharmac to reimburse Osimertinib in New Zealand.

Funding more effective treatments like Osimertinib will help to reduce the health inequalities associated with lung cancer - this will give patients more precious time with their family, enable many to return to work and reduce hospitalisation costs...

Thank you for your time to review and consider our submission.

Yours sincerely

Philip Hope
Chief Executive

Chris Atkinson
Medical Director & Associate Professor of Oncology

Copy:

- Members of PTAC
- Danae Staples-Moon
- LFNZ

Attachments:

1. About Lung Foundation New Zealand
2. Our Philosophy
3. Lung Cancer in New Zealand



About Lung Foundation New Zealand

Lung Foundation New Zealand was established in 2015 and it is a non-government organisation dedicated to promoting healthy lungs and early detection of lung disease (with a strategic focus on lung cancer, NZ's biggest cancer killer).

The Lung Foundation is devoted to supporting people affected by lung disease and provides an authentic voice for patients and their families.

Lung Foundation New Zealand advocates on a range of issues, including; a government commitment to early detection (includes screening), public access to more effective treatments, an increase in research funding and a restated commitment (and increased investment) to making Aotearoa a Smokefree nation by 2025.

Lung cancer is not only the biggest cancer killer in New Zealand, it also represents a huge number of avoidable deaths every year. Lung Foundation New Zealand requests the Government to confirm lung cancer is a Government Health Priority.

Our Vision

That New Zealanders will know how to keep their lungs healthy and they investigate symptoms of lung disease earlier in response to our advocacy.

Our Mission

To ensure lung health is a priority for all New Zealanders.

Our Primary Goals

- Promote Lung Health
- Promote Early Diagnosis of Lung Disease (Strategic focus on lung cancer)
- Reduce Lung Cancer Deaths (Strategic focus area)

Advocacy

Lung Foundation New Zealand provides a voice for patients through advocacy by highlighting the inequalities that exist for lung cancer patients and their families;

- Boosting awareness of lung cancer and addressing the stigma that is wrongly associated with lung cancer.
- Early detection of lung disease and improving access for lung cancer patients to more effective treatments (including access to clinical trials).
- Improving access to psychosocial support for lung cancer patients throughout their journey and facilitating peer support.
- Increase in research dedicated to lung cancer

We advocate for a common sense approach to funding treatments according to the burden of disease; Lung cancer should be regarded as a treatable chronic disease, managed with the right treatment at the right time.



Philosophy

An unwavering commitment to address the unmet need and the inequity in lung cancer, which kills more New Zealanders than any other cancer.

To continue to work with Pharmac, Ministry of Health, Pharmaceutical Companies and other Key Stakeholders to advocate for the needs of patients.

To advocate for investment in more innovative treatments, which enables patients to stay well for their families longer, helps insulate the economy and save costs downstream in the health system.

To advocate for a review of the ratio of income generated from tobacco sales, currently directed to resource smoking cessation programmes, and extend this funding to early detection and treatment of lung cancer (including the other chronic and serious illnesses attributed to smoking and second hand smoke).

Lung Foundation New Zealand is an evidence based organisation and we acknowledge research is a key instrument that helps inform government policy e.g. economic, environmental, health and social policies. We ask the government to value the role of research with innovations in modern treatment and care, by keeping pace with other OECD countries (including Australia), which have superior survival rates.

A comparison between Australia and New Zealand in 5-year overall survival % for lung cancer, highlights the gap; 19.4% in Australia vs 15.3% in New Zealand. The gap between Australia and New Zealand has actually widened over time, 2000-04 (3.4%) to 2010-14 (4.1%). Not only do Australian patients have a longer overall survival than New Zealand, the rate of overall survival improvement is faster in Australia too (Ref CONCORD-3 Report).

Lung Cancer Patient Resources

Members of LFNZ's Special Advisory Committee have developed a number of lung cancer patient resources to empower patients and carers and help them make informed treatment decisions.

<http://lungfoundation.org.nz/resources>

Lung Health Promotion - our key messages

1. Lung disease can affect anyone.
2. See a doctor if you have a persistent cough, shortness of breath, chest pains or noisy breathing.
3. Lung disease can be treated. The earlier you start treatment the better.
4. Look after your lungs. Be active and don't smoke

These key messages in conjunction with a campaign helps save lives by improving early detection...

<http://lungfoundation.org.nz/wp-content/uploads/2016/11/C004193-LFNZ-A4-Poster-v52034.pdf>

Lung cancer - enclosed is a Q&A video with lung cancer patient survivor, Dr John Ashton which serves to highlight the symptoms of lung cancer.

<https://www.youtube.com/watch?v=Ec3fk4OCau4>



Lung Cancer in New Zealand

- Every year in New Zealand, more people die of lung cancer, than of breast cancer, prostate cancer and melanoma combined.
- Lung cancer is New Zealand's biggest cancer killer. Everyday 5 kiwis die of lung cancer and another 6 are diagnosed with lung cancer.
- Ministry of Health reports that 2037 people were diagnosed with lung cancer in 2013 and 1656 people died of lung cancer.
- A Ministry report also shows:
 - Lung cancer was the most common cause of cancer death in 2012 for males aged 45-64 years
 - Lung cancer was the most common cause of cancer death in 2012 for both men and women aged 65-74 years
- Lung cancer does not discriminate - even healthy people can develop lung cancer. In fact 1 in 5 patients have never smoked and just 30% of patients diagnosed with lung cancer currently smoke.
- Lung cancer is a major cause of disparity of health outcomes between Maori and non-Maori. Lung cancer registrations and mortality rates in 2013 are four times higher in Maori women and nearly three times higher in Maori men.

Ministry of Health 2013 report on cancer registrations

421 Maori were diagnosed with lung cancer - 8 per week (3 times the general population).

86 Pacific Islanders were diagnosed with lung cancer - 7 per month (almost 1.5 times the general population).

82 Asians were diagnosed with lung cancer - 7 per month (less than the general population).

2037 people in total were diagnosed with lung cancer (40 people per week - 6 everyday).

Ministry of Health 2013 report on lung cancer deaths

299 Maori died from lung cancer - 25 per month (almost three times the general population).

73 Pacific Islanders died of lung cancer - 6 per month.

52 Asians died from lung cancer - 4 per month (half the general population).

1656 people died of lung cancer - 5 people every day.

- Smoking is a major risk factor for lung cancer (although it is NOT the only risk). Knowing there are 600,000 kiwis smoking every day, it is essential more resources are directed into smoking cessation programmes to support all people to quit, including more targeted programmes to address what is a very serious and complex addiction.

Ends.