

Position statement and philosophy that is dedicated to saving lives

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 (including lung cancer, NZ's biggest cancer killer).

More people die of lung cancer, than of breast cancer, prostate cancer and melanoma combined. Every day, five people die of lung cancer and six 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 and just 30% of patients diagnosed with lung cancer currently smoke.

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. 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.

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.

We demand lung cancer is a government health priority. Given especially lung cancer is NZ's biggest cancer killer and it represents a huge number of avoidable deaths every year...

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 area)
- Reduce Lung Cancer Deaths

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;

- *As such, lung cancer must be a government priority.*
- *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 NZ. 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 NZ, the rate of overall survival improvement is faster in Australia too...

See schedule of treatments overleaf -

Schedule of lung cancer treatments by status

| Proposal name | Condition | Funding status | Applicants | Funding Application date |
|------------------------------------|---|--|------------------------------------|--------------------------|
| Crizotinib | Non-small cell lung cancer, anaplastic lymphoma kinase-positive advanced | Ranked but not funded | Pfizer | Aug-15 |
| Erlotinib (Tarceva) | Non-small cell lung cancer (NSCLC) with EGFR-activating mutation - 1st line | Funded | Roche | Sep-11 |
| Gefitinib (Iressa) | Non-Small Cell Lung Cancer (NSCLC) - first line EGFR +ve mutation | Funded | AstraZeneca, Clinician application | Aug-11 |
| Osimertinib (Tagrisso) | EGFR T790M mutation-positive non-small cell lung cancer | No application for funding yet | | Nov - 17 |
| Nivolumab | Squamous non-small cell lung cancer, locally advanced or metastatic | Ranked but not funded | Bristol-Myers Squibb | Feb-16 |
| Nivolumab | Non-squamous non-small cell lung cancer, locally advanced or metastatic | Ranked but not funded | Bristol-Myers Squibb | Feb-16 |
| Pembrolizumab (KEYTRUDA) | Non small cell lung cancer, first line | Reviewed but not ranked | Merck Sharp & Dohme | Feb-17 |
| Pembrolizumab (KEYTRUDA) | Non small cell lung cancer - 2nd line - locally advanced, metastatic, unresectable (PD-L1 positive) | Ranked but not funded | Merck Sharp & Dohme | Sep-16 |
| Atezoluzimab (Tecentriq) | Non small cell lung cancer - 2nd line | Ranked but not funded | | May -17 |
| Alecensa (Alectinib) | ALK positive NSCL who have progressed or are intolerant to crizotinib | No application for funding yet | | |
| Alitma (Pemetrexed) | Non-small cell lung cancer, advanced, non-squamous, maintenance treatment | Maintenance funded only for mesothelioma | Clinician application | May-15 |
| Pemetrexed | Non-small cell lung cancer, advanced, non-squamous, second line | Funded for six cycles only | Eli Lilly, Clinician application | Jun-06 |
| Pemetrexed | Non-small cell lung cancer, advanced, non-squamous, first-line | Funded for six cycles only | Eli Lilly, Clinician application | Jun-08 |
| Platinum based chemotherapy | ? | Funded | | |
| Vinorelbine | Adjuvant non-small cell lung cancer (for use with cisplatin) | Funded without restriction | Clinician application | Jan-06 |
| Vinorelbine (oral) | Non-small cell lung cancer | Ranked but not funded | Pierre Fabre | Dec-07 |