



19<sup>th</sup> September 2019

Committee Secretariat  
Māori Affairs Committee  
Parliament Buildings  
Wellington

Kia Ora

### **Maori Affairs Select Committee - Inquiry into health inequities for Maori**

Thank you for receiving this submission.

#### **Who we are**

Lung Foundation New Zealand is a values based advocacy group. The well-being of lung cancer patients and their whanau are central to our advocacy, which is guided by equity, fairness and need.

#### **What we want you to know**

- 2019 marks the 50th year lung cancer is the Biggest Cancer Killer in New Zealand.
- Lung cancer deaths in New Zealand are 83% of annual registrations (MOH 2015). Such poor survival is unacceptable for a first world nation.
- **Despite many advances in early detection (there is NO screening in NZ for lung cancer) and innovative treatments across the OECD, our cause is witnessing unprecedented suffering and inequity in New Zealand, resulting in premature death for the majority of patients diagnosed with lung cancer (especially for Maori).**
- Right now almost 1800 patients in New Zealand DO NOT have an effective first line treatment for advanced lung cancer.
- 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 and a further 6 people are diagnosed with lung cancer
- **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 registrations and mortality rates are FOUR times higher in Maori women and nearly THREE times higher in Maori men.**
- **One Maori dies of lung cancer every day in New Zealand.**
- There is a major intersection with other determinants of health, including a quadrupled risk of suicide for lung cancer patients compared to the general population.
- 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 at the time of diagnosis i.e. 70% of patients diagnosed with lung cancer DO NOT SMOKE.
- *Despite lung cancer being NZ's Biggest Cancer Killer, the top 3 lung cancer drugs funded by Pharmac (2017/18) equates to just 2.3% of the top 5 cancer drugs (\$122 million)*



### **Extreme Inequity**

Lung cancer patients in New Zealand suffer extreme inequity and die prematurely. Lung cancer is brutal and patients have no time to wait.

*The most effective way to reduce inequity is to fund treatments that are the OECD standard of care (there are five lung cancer drugs still sitting with Pharmac) and speed up access to new innovative treatments which will keep our most vulnerable well far longer.*

Lung Foundation New Zealand provided a recommendation to Pharmac that was informed by research and guided by equity; to fund a number of lung cancer treatments by way of a submission dated 19<sup>th</sup> March 2019 (for first line treatment).

We are very concerned the inequities surrounding lung cancer treatment in New Zealand are extreme when Maori are considered. Lung cancer is the leading and second highest cause of death in Maori females and males respectively. In other words, the biggest source of medical mortality for Tangata Whenua in Aotearoa is being almost completely ignored.

*New Zealand has singled out inequities for its indigenous people as a priority, however the lack of commitment to reduce inequalities is indefensible and unacceptable.*

Article 3 of the Treaty outlines the crown's responsibility to protect the health and wellbeing of Maori from illness and premature death, so they can enjoy the same quality and level of health as others in Aotearoa.

### **Lung Foundation New Zealand recommends to the Maori Affairs Select Committee;**

NZ's Biggest Cancer Killer, Lung cancer be declared a national health priority

Lung health promotion and early detection campaigns targeting Maori be co-designed and delivered

Targeted screening programme for Maori at risk of lung cancer (including comorbidities) be co-designed and delivered

All lung cancer patients, especially Maori have access to molecular testing for all known biomarkers

Targeted therapies and immunotherapy for all known biomarkers and genetic profiles be reimbursed by Pharmac - refer to the treatments still sitting with Pharmac (submission by Lung Foundation NZ in March 2019).

Wrap around support services throughout the continuum of care be available to Maori in a culturally appropriate way.

The Crown acknowledge and commit to implementing the recommendations outlined in Hauora Report WAI 2575 by the Waitangi Tribunal: Chapter 9, Pages 161 - 170



**In preparing this submission, some fundamental questions came to light;**

Q. How is the government; Ministry of Health, Cancer Control Agency, Pharmac meeting their Treaty responsibilities, not just for lung cancer, but ALL cancers (and health in general)?

Q. How is Pharmac and the Ministry of Health reporting through an equity lens? What framework...

Q. Do the above crown entities have the same understanding about what equity actually means?

LFNZ supports the pledge by the Ministry of Health to achieve survival equity for Maori by 2030 (cancer action plan). However, there is insufficient information provided that outlines HOW this will be achieved. The various strategies needed to achieve this goal, MUST be co-designed with Maori.

Q. Will the Maori Affairs Select Committee stand together and show strong and bold leadership on the fundamental issues we have raised for Maori?

Q. Will the Maori Affairs Select Committee demand the crown implement the recommendations of the Hauora Report?

Naku noa na

Philip Hope (Williams-Potae)  
Chief Executive  
Lung Foundation New Zealand Inc.

***Further information relevant to this submission, is included below and referenced as addendum.***



**Addendum ONE:**

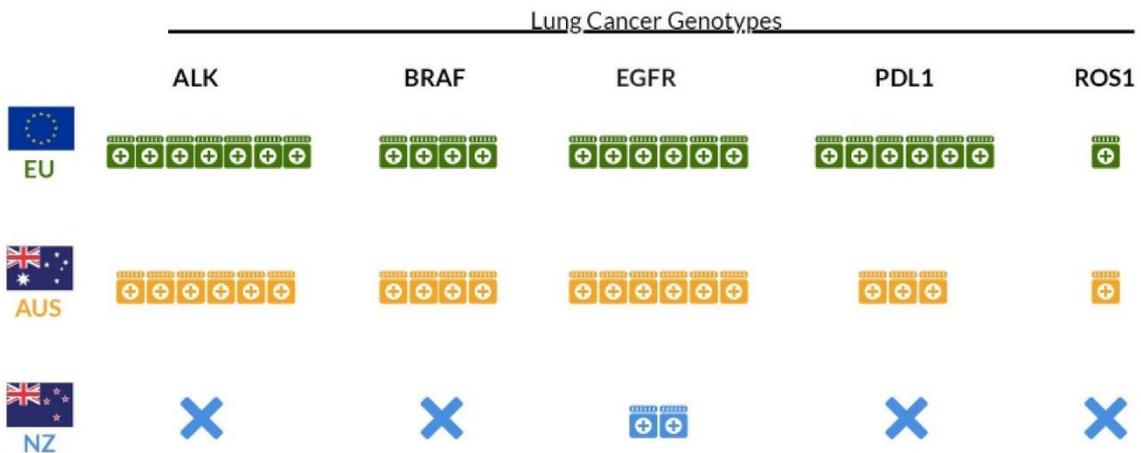
**How New Zealand Compares for Access to Standard of Care Lung Cancer Treatments**

Featured below is an infographic that provides a comparison of the number of lung cancer genotypes funded in; NZ, Australia and the EU.

## Non-Small Cell Lung Cancer Treatment Options

(Excluding Chemotherapy)

2010 - 2019



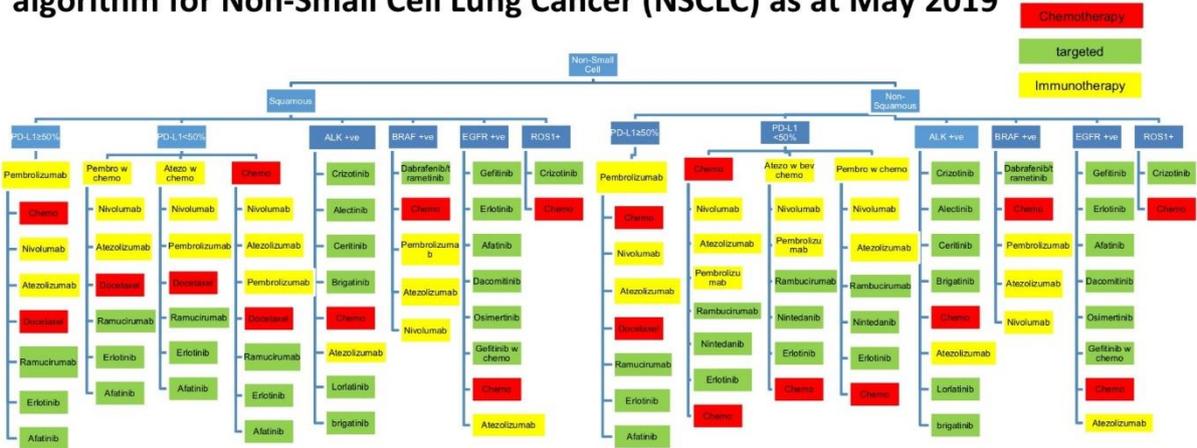
*A comparison of the number of innovative treatments funded for each lung cancer genotype.*



**Addendum TWO:**

This presentation compares; New Zealand and Australia, including the European Society for Medical Oncology (ESMO) Guidelines.

**European Society for Medical Oncology (ESMO) Treatment Guidelines algorithm for Non-Small Cell Lung Cancer (NSCLC) as at May 2019**



NOTES: 1. lines of therapy not shown for ALK/BRAF/EGFR/ROS1  
2. nivolumab/ipilimumab for TMB high included in guidelines but excluded here as registration file was withdrawn from EU

Source: Metastatic non-small cell lung cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. *Annals of Oncology*, Volume 29, Issue Supplement\_4, 1 October 2018, Pages iv192–iv237



**New Zealand Publicly-Funded Treatment Options compared with ESMO Guidelines for Non-Small Cell Lung Cancer as at 31 May 2019**



Source: Metastatic non-small cell lung cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. *Annals of Oncology*, Volume 29, Issue Supplement\_4, 1 October 2018, Pages iv192–iv237.

1. Gandhi et al. Pembrolizumab plus Chemotherapy in Metastatic Non-Small-Cell Lung Cancer. *NEJM* 2018



*The above report demonstrates how far behind Pharmac is with reimbursing standard of care treatments for lung cancer and WHY lung cancer patients die prematurely in NZ.*



**Addendum THREE:**

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## Lung Cancer And Other Cancers

<u>Registrations</u>	<u>Deaths</u>	<u>Total</u>
<b>Lung cancer, 2189</b>	<b>1805</b>	<b>82.5%</b>
Bowel cancer, 3150	1267	40%
Leukaemia, 703	353	50%
Breast cancer, 3292	674	20%
Prostate cancer, 3080	647	21%
Melanoma, 2424	378	16%

Deaths as a percentage of total registrations - 2015



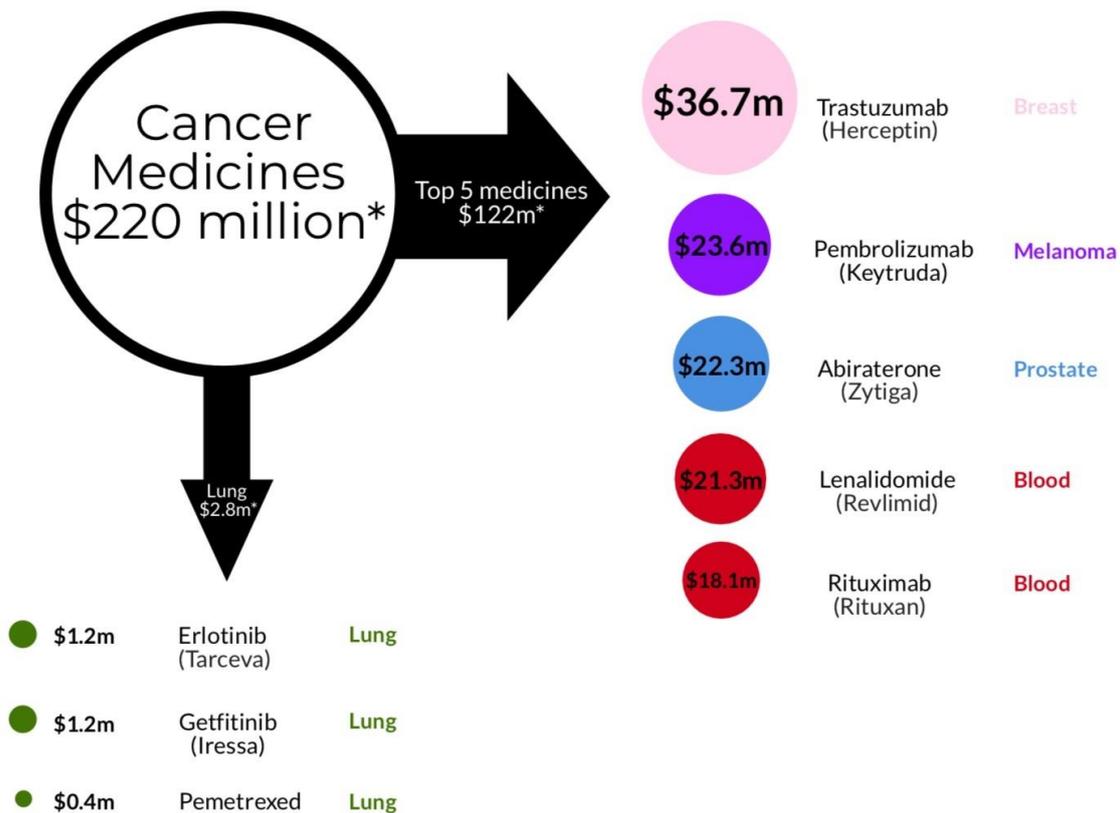


**Addendum FOUR:**

***The infographic below illustrates a staggering imbalance with the government’s commitment to funding cancer treatments and a lack of planning with introducing precision led healthcare.***

*Despite lung cancer being NZ’s Biggest Cancer Killer, the top 3 lung cancer drugs funded by Pharmac (2017/18) equates to just 2.3% of the top 5 cancer drugs (\$122 million).*

*This infographic also shows that Pharmac is NOT guided by equity, or burden of disease, but rather a thrift culture (the result of systemic underfunding by successive governments), which sees Pharmac funding the cheapest treatments, not the best treatments (unless there is political intervention, as was the case for the two most expensive drugs; Herceptin for Breast Cancer and Keytruda for Melanoma).*



\* 2017/18 gross expenditure, excludes confidential rebates



**Addendum FIVE:**

**Submission to Pharmac urging access to innovative lung cancer treatments**

<https://lungfoundation.org.nz/wp-content/uploads/2019/03/2019-March-Lung-Foundation-NZ-Pharmac-Cancer-Treatments-Subcommittee-CaTSOP.pdf>