



May 5, 2020

Sarah Fitt
CEO
PHARMAC
Wellington

By email: sarah.fitt@pharmac.govt.nz

Dear Sarah

Lung Cancer RFP Delay

I am writing in support of Lung Foundation New Zealand as I am deeply concerned to hear that the proposed Request for Proposal (RFP) for non-small cell lung cancer (NSCLC) has been further delayed.

As a Professor of Clinical Oncology at the Chinese University of Hong Kong, Board of Director of American Society of Clinical Oncology and Board Member (Past-President) of the International Association for the Study of Lung Cancer (IASLC), I believe I am well qualified and have responsibility to share the importance of proper management of lung cancer.

I had the opportunity of speaking at New Zealand and have met with a number of key opinion leaders in thoracic oncology and I am aware that lung cancer is New Zealand's biggest cancer killer and yet 80% of lung cancer patients with non-small cell lung cancer do not have an effective first line treatment for advanced lung cancer. This equates to more than 1800 patients and contrasts with acceptable standard of care as illustrated by the NCCN and ESMO guidelines. I believe this to be outrageously out of step with most developed and developing nations.

ESMO Guidelines – *add updated guidelines ESMO and NZ*

<https://lungfoundation.org.nz/wp-content/uploads/2020/04/Non-Small-Cell-Lung-Cancer-Treatment-Guidelines-NZ-Compared-FINAL-28-February-2020.pdf>

As you can see the New Zealand treatment paradigm for lung cancer patients is below international standard, and yet below are the lung cancer treatments currently sitting with PHARMAC that could have been considered in the RFP. These treatments are readily available in the OECD and have demonstrated greater efficacy, tolerability, durability of response and improved quality of life for patients (compared to Pharmac's present day standard of care for treatment of lung cancer). Each of these treatment is supported by randomized phase III studies published in high impact medical journals:



Immunotherapy treatments

- Pembrolizumab (Keytruda) MSD Product - monotherapy first line and second line; first line combination
- Nivolumab (Opdivo) Bristol-Myers Squibb - second line
- Atezolizumab (Tecentriq) Roche Products - second line, and first line combination
- Durvalumab (Imfinzi) Astra-Zeneca – maintenance therapy for patients with stage III NSCLC post concurrent chemo-radiation.

Targeted therapies

- Osimertinib (Tagrisso) AstraZeneca, Global Commercial Organisation, NZ - second line EGFR T790M and first line EGFR.

Early support by PHARAMAC to commission the RFP could potentially prolong survival of many patients with advanced stage NSCLC and certainly this requires the same urgency and collaboration that we needed to respond to the COVID-19 crisis.

I hope you reconsider your decision to postpone the RFP, as now is not the time to further deny these already vulnerable patients, when there is clear evidence to show the benefit both in terms of life years gained, quality of life and savings achieved in healthcare downstream.

A commitment to deliver the RFP for lung cancer would be an example of PHARMAC helping to address the inequity that exists and would bring New Zealand into line with its OECD partners and other developed nations at a time when the world is watching.

Thanks

Yours sincerely



Prof. Tony Mok
Chair, Department of Clinical Oncology
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