Submission

The availability of new, innovative and specialist cancer drugs in Australia.

I am grateful to the Committee to have the opportunity to make this submission.

I have castrate-resistant metastatic prostate cancer. At the present time I have a relatively low cancer burden.

If I lived in the United States, the next step in the treatment of my condition would be to use one of the new anti-androgen drugs, Xtandi or Zytiga. These drugs offer good quality of life and delay progression of the cancer. In particular these drugs delay the need for chemotherapy with its unpleasant side-effects. These drugs can be self-administered at home, reducing the need for hospital-based care.

Unfortunately in Australia I cannot have access to these drugs through the Pharmaceutical Benefits Scheme without having first having to undergo chemotherapy. At present Xtandi and Zytiga are only available after treatment with docetaxel (chemotherapy).

With drugs for prostate cancer (such as Xtandi and Zytiga) it takes longer for Australian patients to get access than in comparable countries.

In August 2014 Zytiga became available in Australia on the Pharmaceutical Benefits Scheme with late-stage (metastatic) castration-resistant prostate cancer who had received prior docetaxel. This was more than 3 years after the similar U.S. Food and Drug Administration approval in April 2011.

In December 2014 Xtandi became available in Australia on the Pharmaceutical Benefits Scheme with late-stage (metastatic) castration-resistant prostate cancer who had received prior docetaxel. This was more than 2 years after the similar U.S. Food and Drug Administration approval in August 2012.

To overcome delays in the Australian approval process, I suggest that the Pharmaceutical Benefits Advisory Committee should recognise approvals made by overseas agencies, such as the US Food and Drug Administration and the European Medicines Agency. Also I suggest that the Pharmaceutical Benefits Advisory Committee should adopt the US Food and Drug Administration multi-tiered system of ‘fast-track’, ‘accelerated approval’, and ‘priority review’.

I don’t think that the Committee should only look at cancer drugs and their cost. If there is less cancer, there will be less need for cancer drugs. Many cancers are preventable. In order to meet

the challenge of cancer drug costs, I believe it's important for Australia's spending on cancer prevention to be increased. At present Australia's spending on prevention and public health services is less than most other OECD countries.

As a patient, quality of life and disease free progression are very important. Rather than overall survival, factors such as quality of life and disease free progression should be given greater importance in the assessment of drugs under the Pharmaceutical Benefits Scheme. In evaluating quality of life and disease free progression the patient's perspective (and that of their families) should be taken into account.

Cost is a recognised barrier in timely and equitable access to these cancer treatments. Cancer patients and their families should never be placed in the position where they are faced with the decision of going into debt and selling their homes or foregoing treatment.

Cancer patients with advanced disease cannot afford to wait months or years. The impact of delays in the approvals process means that patients and their families are aware of treatments that have been evaluated overseas and proven to be effective, treatments which could provide enhanced quality of life or extra time with their families. It is heartbreaking for them and their families to be aware that these benefits will not be available to them.

As a cancer patient I'm grateful to have equitable and affordable access to necessary medicines through the Pharmaceutical Benefits Scheme. Very often those with the highest medical need often have the least capacity to purchase medicines — particularly high cost medicines. I hope that health equity will remain a central principle of Australia's health system.

Paul Hobson