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Breast
Cancer
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Australia



Submission to the Pharmaceutical Benefits Advisory Committee Tamoxifen (Nolvadex-D®) for the primary prevention of breast cancer

10 February 2016

About Breast Cancer Network Australia

Breast Cancer Network Australia (BCNA) is the peak national organisation for Australians personally affected by breast cancer. We support, inform, represent and connect people whose lives have been affected by breast cancer. We work to ensure that Australians diagnosed with breast cancer receive the very best support, information, treatment and care appropriate to their individual needs.

BCNA represents more than 110,000 individual members and 300 member groups from across Australia.

Submission

Tamoxifen was a big plus for me in terms of breast cancer prevention. It halved my risk of developing breast cancer from one in two to one in four, with no side effects. – Kate

BCNA welcomes the opportunity to support the application for PBS-listing of tamoxifen (Nolvadex-D) for the primary prevention of breast cancer in patients at moderate or high risk of developing breast cancer.

In Australia, between five and ten per cent of all breast cancers occur in women who have a strong family history of breast cancer. A strong family history substantially increases a woman's personal risk. For women who carry a BRCA1 or BRCA2 gene mutation, for example, the risk of developing breast cancer by the age of 70 is 65 per cent and 45 per cent respectively. Often, women with a strong family history develop breast cancer at an earlier age than women at normal population risk, and so treatment options that are acceptable to younger, pre-menopausal women are required.

My mother died of breast cancer when she was 60 and my aunt and grandmother were also diagnosed with breast cancer at a young age. I was approaching 40 and didn't want to go through what they had gone through. – Kate

International clinical trials have shown that five years of daily tamoxifen can reduce the risk of breast cancer in women at moderate or high risk by about 40 per cent.¹ The use of tamoxifen to reduce breast cancer risk is now included in clinical guidelines in Australia, the UK and the USA, where the Food and Drug Administration (FDA) has approved tamoxifen for breast cancer risk reduction.

Research undertaken in Australia by Professor Kelly-Anne Phillips, The University of Melbourne, found that only three per cent of women at moderate or high risk of breast cancer used tamoxifen to reduce their risk.² Lack of approval for tamoxifen to be used for this purpose has been identified as a major barrier by health professionals.³ BCNA is aware anecdotally that doctors are reluctant to prescribe tamoxifen to women at increased risk of breast cancer because it is not registered for this use. Similarly, some women are reluctant to use drugs off-label.

The alternative options for these women are surgery to remove both breasts and sometimes the ovaries (oophorectomy), or regular monitoring (six monthly or annually). Surgery is highly invasive and removal of the ovaries is not acceptable to younger women who hope to have a family.

Surgery was risky and the outcome was uncertain. Having children was still an option for me, so tamoxifen was a low risk option with a great outcome. It was easy to take and I was able to keep my fertility options open. Plus if I didn't like it, I could come off it. – Kate

BCNA believes that TGA and PBS listing of tamoxifen to reduce breast cancer risk will provide doctors with another option to discuss with women and will allow women to take risk-reducing measures without having to undergo major, life-changing surgery. We strongly support the addition of tamoxifen to the PBS for this purpose.

It's important for women to have as many options as possible so that they can weigh their own thoughts, feelings and ethics into their decision about breast cancer prevention. Tamoxifen was the perfect option for me and I'm happy I made the right decision. – Kate

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¹ Cuzick J, DeCensi A, Arun B, et al. Preventive therapy for breast cancer: a consensus statement. 2011 DOI:10.1016/S1470-2045(11)70030-4 www.thelancet.com/oncology

² Collins IM, Milne RL, Weideman P, McLachlan SA, Friedlander ML, kConFab Investigators, Hopper JL, Phillips KA. Preventing breast and ovarian cancer in high-risk BRCA1 and BRCA2 mutation carriers. Med J Aust 2013; 199 (10): 680-683

³ Keogh L, Hopper JL, Rosenthal D, Phillips KA. Australian Physicians And Chemoprevention For Women At High Familial Risk For Breast Cancer. Hered Cancer Clin Pract 2009; 7: 9.