

28 September 2016

Professor Andrew Wilson
Chair
Pharmaceutical Benefits Advisory Committee
GPO Box 9848
CANBERRA ACT 2601

Dear Professor Wilson

RE: Minor submission for goserelin (Zoladex) for the prevention of chemotherapy-induced menopause

Breast Cancer Network Australia (BCNA) is the peak national organisation for Australians personally affected by breast cancer. BCNA represents more than 115,000 individual members and 300 Member Groups from across Australia. We support, inform, represent and connect people affected by breast cancer.

I write to convey BCNA's support for the Medical Oncology Group of Australia's (MOGA) submission to the Pharmaceutical Benefits Advisory Committee (PBAC) for the derestriction of goserelin for the prevention of chemotherapy-induced menopause in young women with hormone receptor negative early breast cancer.

In 2015, following publication of the SOFT clinical trial results, the PBS was amended to extend the indication for goserelin to premenopausal women with hormone receptor *positive* breast cancer. This provides young women with hormone receptor positive, high risk breast cancers an additional government-subsided treatment option.

Goserelin is sometimes also recommended to premenopausal women to reduce chemotherapy-induced menopause and preserve fertility. Chemotherapy can permanently affect a woman's fertility through ovarian failure or permanent early menopause. Preserving fertility can be very important for young women who may hope to start or grow their family after breast cancer treatment. There can be feelings of grief and loss for women unable to have children as a result of their treatment.

My husband and I have an 8 month old little girl and we were planning a second. I am hoping that that decision hasn't been taken away from us. – Courtney

Early menopause and fertility are definitely things which are very hard to deal with as young woman. Instead of getting pregnant this year, I am having hot flushes instead. – Vicki

We note the recent international POEMS clinical trial, which showed that the use of goserelin can achieve a 70 per cent reduction in chemotherapy-induced infertility in women with hormone receptor negative early breast cancer undergoing cyclophosphamide-based chemotherapy.

We are concerned by the current inequity in access to goserelin for young women. While women with hormone receptor positive breast cancer can access goserelin for the cost of a PBS script fee, women with hormone receptor negative breast cancer pay approximately \$330 per month for the same treatment. For some of these women, this ongoing monthly cost is out of their reach.

Access to affordable fertility preservation treatments gives younger women more choice and control over their fertility options. We understand this proposed amendment to the PBS restrictions for goserelin would affect only a small group of women and so would not be a significant cost burden to government.

We believe the recommendation put forward by MOGA will help to address the inequity facing young women with hormone receptor negative breast cancer, and help to ensure that this group of young women does not miss out on the opportunity to start or grow a family because of prohibitive costs.

For further information, please contact Kathy Wells, Head of Policy, Research and Advocacy, on 03 9805 2562 or kwells@bcna.org.au

Yours sincerely



Kathy Wells
Head of Policy, Research and Advocacy