

3 October 2017

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

Dear Professor Wilson

RE: Major submissions for ribociclib (Kisqali®) and palbociclib (Ibrance®) for hormone receptor-positive (HR+), human epidermal growth factor receptor-2 negative (HER2-) advanced or metastatic breast cancer

Breast Cancer Network Australia (BCNA) is the peak national organisation for Australians personally affected by breast cancer. BCNA represents more than 120,000 individual members and 300 breast cancer support groups across Australia. We support, inform, represent and connect people affected by breast cancer.

BCNA has provided PBAC with previous submissions in support of PBS listing of ribociclib and palbociclib. Copies of those submissions are attached. We are delighted to advise that BCNA member Carolyn Kearney, who was the face of BCNA's campaign around access to these drugs, is still doing well and living an active life, including training for and participating in ocean swimming races, 16 months after starting treatment on palbociclib.

There is currently no CDK4/6 inhibitor listed on the PBS and BCNA strongly believes that this important new class of drugs should be included so this treatment is accessible and affordable to all women and men who can benefit.

The choices women have to access these drugs at present are:

- A Novartis compassionate access scheme which is restricted to 30 women per month, based on a first come first served basis. Not every oncologist in Australia will be aware of the scheme, meaning women not treated in a major cancer centre may miss out.
- To pay privately for palbociclib at a cost of around \$5,000 per month, well out of the reach of many Australian families.
- To seek treatment in countries such as Malaysia where access to palbociclib is cheaper.

In considering the CDK4/6 inhibitors, we urge PBAC to take into consideration the financial savings to both the health system and to patients that will result from keeping patients on tablet therapy for longer. Avoiding IV chemotherapy treatments for as long as possible will reduce the number of visits a patient needs to make to an oncology clinic, oncology chair time, nurse time, and may also reduce hospital admissions to manage side effects of chemotherapy. It also provides patients with an extended period of good quality life, during which time they can continue to contribute to their communities, whether that be in the paid work force, caring for family members or as a volunteer.

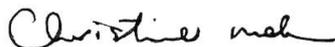
BCNA's recently released Financial Impact of Breast Cancer report showed that the total number of household hours worked in the first year after a diagnosis of breast cancer reduced by 50 per cent. For those with metastatic breast cancer, the interruptions of hospital-based chemotherapy treatment has an even greater impact over time, both on a woman's ability to continue in the paid workforce and also to contribute to the care of her family. It is imperative that the PBAC consider this cost burden for women in its economic analysis of the impact of the CDK inhibitors.

We also trust the PBAC will note evidence presented at the American Society of Clinical Oncology (ASCO) Annual Scientific Meeting this year that showed that all women on the palbociclib arm of the PALOMA-2 clinical trial benefited from the treatment, including those with visceral disease. We believe the CDK inhibitors should be available as a first line treatment for all post-menopausal women with hormone receptor positive, HER2-negative metastatic breast cancer, regardless of site of disease or previous treatment for early breast cancer.

We also note the additional evidence provided at ASCO from the MONALEESA-2 trial. This showed progression-free survival for women treated with ribociclib continues to improve as the data matures and is now at 25.3 months. While overall survival data is expected in two to three years, women who are diagnosed now don't have that time to wait and need access to these drugs now.

Affordable access to new and innovative cancer treatments is of vital importance to our members and will remain an advocacy priority for BCNA. We would be very happy to attend a stakeholder meeting to represent the consumer voice should this be helpful.

Yours sincerely

A handwritten signature in black ink that reads "Christine Nolan". The signature is written in a cursive, flowing style.

Christine Nolan
Chief Executive Officer