

## Submission to the Pharmaceutical Benefits Advisory Committee Pertuzumab (Perjeta®)

February 2019

### 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 120,000 individual members and 280 member groups from across Australia.

### Submission

BCNA is pleased to support the major submission for pertuzumab (Perjeta®), in combination with trastuzumab (Herceptin®) and chemotherapy, for the adjuvant treatment of Human epidermal growth factor receptor-2 positive (HER2-positive), lymph node positive early breast cancer.

In July 2015, BCNA welcomed the listing of pertuzumab for the treatment of HER2-positive metastatic breast cancer. We believe extending the availability of PBS-funded pertuzumab to people with HER2-positive, lymph node positive early breast cancer will help to reduce breast cancer recurrence and save lives. Women with this particular subtype of early breast cancer are at high risk of breast cancer recurrence and subsequent death from breast cancer. A significant number of women die every year from this particular type of disease, despite the availability through the Pharmaceutical Benefits Scheme (PBS) of a number of HER2 therapies for treatment of metastatic breast cancer.

We are aware that women with early stage HER2-positive breast cancer are currently paying privately for pertuzumab in both the adjuvant and neoadjuvant settings. These women see the potential benefit of adding an additional HER2 therapy to their treatment.

*For me, Perjeta was a no-brainer. I'm 38 years old and want to give myself every opportunity to live my life. Having Perjeta gives me a better chance of living a disease-free life. – Lauren, Melbourne*

The high cost to self-fund pertuzumab puts it out of the reach of many Australian women and families, however, and causes financial hardship for others who struggle to find the money to pay.

*The financial consequences of having to pay for Perjeta are huge. This is costing us \$40,000 over 12 months. I've had to draw on my superannuation to help pay for it. I'm lucky I've worked in the public service for a long time and have superannuation available. But I've also had to beg, borrow and steal from family to help cover the cost. We have other financial commitments – we bought a house last year and have mortgage payments. The emotional stress of finding money for cancer treatment is something no-one needs in what is already a stressful time. – Lauren, Melbourne*

The APHINITY clinical trial showed that, for high risk patients, there was a statistically significant improvement in invasive disease-free survival when pertuzumab was added to the current standard adjuvant treatment of trastuzumab and chemotherapy. The trial also showed few added risks in terms of toxicity, particularly cardiac toxicity, a known side effect of HER2-targeted therapies.

BCNA believes women with HER2-positive, lymph node positive early breast cancer should be able to access pertuzumab through the PBS. PBS-listing would ensure it is equitably and affordably available, so that it is not just the women who can afford to pay the \$40,000 out-of-pocket who can access it. We note it has been approved for this indication in 75 countries, including the USA.

BCNA would have liked this submission to include funding for pertuzumab in the neoadjuvant setting. Neoadjuvant treatment is becoming more and more widely recommended for women with HER2-positive early breast cancer. As with adjuvant pertuzumab, currently only those women who can afford to pay for it can access it in the neoadjuvant setting. It is of great concern to BCNA, and to our members, that drugs not listed on the PBS are accessible only to those who can afford to pay for them. This creates a two-tiered health system. It also puts pressure on breast cancer clinicians who may be hesitant to recommend treatments that they think are out of a patient's reach.

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