Breast Cancer Network Australia

8 November 2018

Professor Robyn Ward
Chair
Medical Services Advisory Committee
Department of Health and Ageing
MDP 851
GPO Box 9848
CANBERRA ACT 2601

Dear Professor Ward

Programmed Death Ligand 1 (PD-L1) immunohistochemistry (IHC) testing for access to atezolizumab (Tecentriq®)

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. BCNA represents more than 120,000 individual members and 300 breast cancer support groups from across Australia.

BCNA is pleased to support an application to the Medical Services Advisory Committee from Roche Products for Programmed Death-Ligand 1 (PD-L1) immunohistochemistry (IHC) testing for access to atezolizumab in combination with nab-paclitaxel as first line therapy for patients with locally advanced or metastatic triple negative breast cancer.

Atezolizumab has been shown to extend both progression free survival and overall survival for women with locally advanced or metastatic triple negative breast cancer. Results from the phase III IMpassion 130 international clinical trial found that, after 12.9 months of treatment, women who received atezolizumab in combination with nab-paclitaxel had a median progression free survival of 7.2 months compared with 5.5 months for women who received the standard therapy of chemotherapy (nab-paclitaxel) alone. The trial also found that median overall survival increased to 21.3 months for women who received atezolizumab and nab-paclitaxel, compared with 17.6 months for women on nab-paclitaxel alone.

BCNA is particularly heartened by results for the subgroup of women with PD-L1 positive tumours. These women had an average overall survival of 15.5 months on nab-paclitaxel alone. This increased to 25 months when atezolizumab was added.

293 Camberwell Road Camberwell VIC 3124
1800 500 258 (03) 9805 2500 beacon@bcna.org.au **www.bcna.org.au** ABN 16 087 937 531

Women with triple negative breast cancer have traditionally had few treatment options apart from chemotherapy. BCNA hopes that the findings of the IMpassion 130 trial will lead to atezolizumab being made available as a much needed new treatment option for Australian women with locally advanced or metastatic triple negative breast cancer.

BCNA believes that women who may benefit from treatment with atezolizumab should be able to access the required Programmed Death-Ligand 1 (PD-L1) immunohistochemistry (IHC) testing at an affordable price.

We know from our 2017 *Financial Impact of Breast Cancer Project* that out-of-pocket costs for diagnostic tests not available through the MBS often exclude women from accessing them, even when recommended by their doctors. The AIHW's August 2018 report, ***Patients' out-of-pocket spending on Medicare services, 2016-17,*** confirms BCNA's findings regarding the variation that exists in out-of-pocket costs for patients with breast cancer. It is of great concern to BCNA that the 2016-17 ABS Patient Experience Survey contained in the AIHW's report found that 7.6 per cent of people aged 15 years and over either delayed or did not seek a specialist, GP, imaging or pathology service that they had needed because of cost.[1] This represents approximately 1.3 million Australians[2] and shows that high out-of-pocket costs can be prohibitive for individuals, even when their treating teams recommend a test, scan or other service.

Affordable and equitable access to new and innovative cancer treatments is of vital importance to our members and is an advocacy priority for BCNA. The inclusion of Programmed Death-Ligand 1 (PD-L1) immunohistochemistry (IHC) testing on the MBS would help to make this test affordable for women living with locally advanced or metastatic triple negative breast cancer for whom atezolizumab is a potential treatment option.

BCNA would be very happy to meet with you to further represent the consumer voice on this important issue should that be helpful to you.

Yours sincerely

Danielle Spence
Director, Advocacy Policy and Programs

[1] Australian Institute of Health and Welfare 2018. ***Patients' out-of-pocket spending on Medicare services, 2016–17.*** Cat. no. HPF 35. Canberra: AIHW.
[2] Ibid.